Clinical Lecture
ON
PROLAPSUS UTERI AND ITS TREATMENT.

Delivered at University College Hospital,

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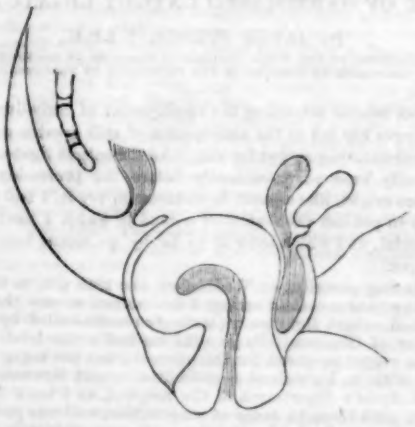
PROFESSOR OF MIDWIFERY AND DISEASES OF WOMEN, UNIVERSITY COLLEGE.

GENTLEMEN,—I propose to speak to-day of prolapse of the uterus. The subject is an extensive one, and it is one concerning which it is very important that, both as regards pathology and treatment, you should possess definite and reliable principles. Some years ago, every case in which there was a substance protruding from the vulva was considered to be a case of prolapsus uteri. As science advanced, knowledge became more discriminating, and we now know that various conditions are present in such cases. Sometimes it is a portion of the bladder only which protrudes, sometimes the uterus, and sometimes the posterior part of the vagina; not to speak of instances in which the substance protruding consists of something further than this, such as a polypus connected with the os uteri.

A case now under treatment in the hospital will enable us to study the subject in its clinical and practical relations.

Mrs. H——, aged forty-two, has had two children, the last nineteen years before she came under observation. For some years this patient has suffered from one of the forms of prolapsus. The nature of the prolapsus in this case will be understood by reference to this drawing (Fig. 1), which

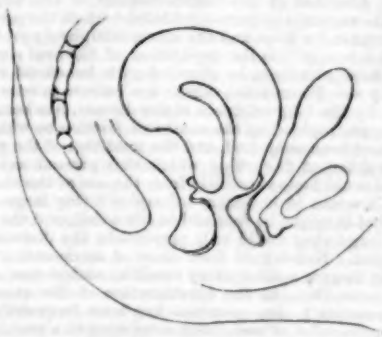
FIG. 1.



was taken when the patient first came under observation in June, 1868. You will perceive that the whole uterus is outside the vulva, and that the organ is considerably hypertrophied, measuring some three or four times the normal size of the uterus. Further, you will perceive that there is another condition of the uterus which is interesting and important—namely, the retroflexion of the organ. The uterus is not only displaced to such an extent that it is quite outside the vulva, but it is also markedly retroflexed. These points were made out at the time of the examination by the use of the finger only, and they were confirmed by the use of the sound, by which the direction and length of the canal were ascertained. The bladder also is seen to be displaced. Attached to the uterus as it is naturally, the bladder shares in the movements of that organ, and is thus drawn downwards and protrudes at the vulva. The tumour thus formed, larger than the fist in size, presented a somewhat smooth appearance, and was quite dry, the dryness, of course, resulting from the long exposure of the mucous membrane to the atmosphere. A further condition to which I may call your attention is the enormous distension of the vagina in this case. The vagina under these circumstances is necessarily inverted, and it is distended to an extent corresponding with the size of the uterus. The patient informed me that she could push the tumour back, although only with considerable difficulty; but the moment she assumed the erect posture the tumour came down again. Defecation was attended also with a protrusion of the tumour and very considerable pain. I need not say that the condition of the patient was most distressing: locomotion was painful to her, and she was prevented from doing many things which her condition in other respects would have perfectly permitted.

Let us consider for a moment how it was that this state of affairs came about. I believe that this form of prolapse of the uterus is, as a rule, consequent upon laceration of the vulva at the posterior commissure. The support which should be rendered by the perineum is taken away, and there occurs a descent of the uterus in the pelvis to a slight extent. I believe that in this instance the first event was retroversion of the uterus, followed by a slight descent of the uterus in the pelvis. Here is a drawing (Fig. 2) which

FIG. 2.



represents this, the first, stage of this condition. It will be perceived that the point which first gives way, which first descends in the pelvis, is the cul-de-sac behind the cervix uteri—in other words, the top of the vagina. It falls lower in the pelvis than it was before, and comes down in consequence of the uterus pressing upon that point. In a further stage of this condition, on making an examination with the finger, you will find the os uteri close to the vulva, the cul-de-sac behind the os uteri being quite low down. Still later, the uterus falls altogether outside the vulva, and under such circumstances it falls in a state of retroflexion.

To sum up, then, I believe that in such a case as the one before us the laceration of the perineum is the starting-point; that the uterus then begins to descend, and it descends at the same time that it becomes retroverted; and in an extreme case the uterus falls altogether outside the vulva.

In the next place, I desire to call your attention to the principles which should guide us in the management of cases of this kind—cases of pure prolapse of the uterus, accompanied, as they generally are, by a tendency to retroversion.

The treatment of these cases has been conducted in various methods at different times. Formerly the practice consisted in introducing a large globular pessary, the size of which was adapted to the case. The globe of wood, or metal, or some other convenient material, was placed in the vagina, and was kept there by the contraction of the sphincter vaginæ. It thus retained the uterus in its place, and at all events prevented the prolapsus. A variety of other inventions have been used at different times since the globular pessary. Some of them have carried out the principle to which I am about to call your attention, and which I consider so valuable; others have egregiously failed in carry-

ing out that principle. The principle to which I allude is the maintenance of the upper part of the vagina in its proper position in the pelvis. An attentive consideration of the facts relating to the fixation of the uterus in the pelvis leads us to the conclusion that if the posterior cul-de-sac of the vagina be kept in its proper position in the pelvis, it is almost impossible for any considerable displacement of the uterus to occur. This is the most movable point, and it is the point which does become moved in the beginning of prolapsus; and if you can succeed in keeping this part of the vagina in its proper position in the pelvis, you cure the disorder.

The method which I have found most convenient in carrying out this principle is the application of an oval ring, which is adapted, as regards its length, to the length of the vagina, and, as regards its width, to the width of the vagina; and which is kept in its place by being made of a sufficient width below to prevent its escape from the vulvar aperture. When these conditions are complied with, the difficulties of the case are at an end. These instruments we employ largely in the out-patients' room in the treatment of retroflexion; they somewhat resemble in form Hodge's pessary, but the material of which they are made—copper wire and gutta percha—allows of a ready and perfect adaptation of the instrument to the particular case.

In attempting to apply these principles of treatment, we meet with difficulties in certain instances. The most remarkable example of this difficulty is afforded by such cases as that described at the commencement of this lecture—where the vagina is enormously dilated—where the perineum is deficient in its floor, and the uterus completely prolapsed. In such a case as this the application of the oval ring pessary is hardly likely to be attended with beneficial results. And why so? Because the vagina has become so excessively dilated by the long existence of the disease, has become so much hypertrophied by the continual friction to which the parts have been subjected, and the condition of the parts is so very different from that which they present naturally, that we could hope very little from the use of the ring pessary. It would be necessary to employ a very large one in order that it might be retained *in situ* at all, and the use of a very large ring would only perpetuate the distension of the vagina. Nothing, in fact, short of an operation would be likely to give a satisfactory result in such a case as this.

We come, then, to the consideration of the question—what operation? An operation has been frequently practised for the relief of such cases, consisting in a sewing up—for it is nothing less—of the aperture of the vulva so as to reduce it to its natural dimensions. The operation is known as the operation for ruptured perineum, and it consists in laying bare the surfaces on each side and bringing them together. You will perceive, however, how much the operation fails to accomplish the objects which we should have before us in the treatment of such cases as the present one. It is necessary to do something more than merely constrict the aperture of the vulva. Dr. Marion Sims, who is well known for his very great success in reference to operations and mechanical devices for the treatment of uterine disorders, has employed a method which he strongly recommends in the treatment of these cases. Dr. Marion Sims removes a piece of mucous membrane on either side of the anterior part of the vagina. These raw surfaces are brought together by sutures, so that the canal is diminished to the extent of the width of the anterior wall of the vagina. In this way the capacity of the vagina is greatly diminished. This operation has been found to succeed very well in reducing the size of the vagina, and in preventing the recurrence of the prolapse under those circumstances. It occurred to me, in connexion with this case, that another method of operation would be more useful. Desiring, equally with Dr. Sims, to diminish the size of the vaginal canal, which was in this instance dilated to a very great extent, I operated upon the posterior wall of the vagina instead of the anterior. By means of incisions running parallel to the length of the vagina (Fig. 3) I removed a large oval strip of mucous membrane on each side. The edges of these raw surfaces were then brought together by a continuous wire suture. Thus the vaginal canal has been diminished to the extent represented in the respective widths of these two raw surfaces. The excess as regards the mucous membrane of the vagina presented itself chiefly at the posterior part, and this was my motive for thus operating. The continuous suture brought the edges of the wound very closely and nicely together. I do not imagine that this operation which has been performed on this patient will be sufficient. I contemplate the performance of another, an operation consisting in a diminution of the aperture of the vulva itself, as soon as the patient is sufficiently recovered from the effects of the first operation. Further—and the omission of this part of the treatment has frequently led to disappointment in the results of "perineal" operations,—it will be necessary to improve the condition of the uterus itself, and to restore the organ to its proper shape. The frequent use of the uterine sound will enable us to do something in this direction. A further step in the treatment of this case, which, however, will not be adopted till the patient is sent away, and allowed to resume her ordinary avocations, will consist in placing an oval ring pessary in the vagina, with the view of keeping the upper part of the vagina in its proper place.* You will see that at the moment when the patient presented herself it was impossible to carry out the principle upon which I have laid particular stress, in consequence of the difficulty in keeping the upper part of the vagina in its proper place. The operations which have been performed and which are contemplated will have, if successful, the effect of enabling us to carry out that principle, and there is no doubt that when the uterus has been kept in its place for some months by the aid of a pessary, such as that which I have described to you, the patient will be completely cured.

Fig. 3.

I do not know that the removal of the mucous membrane from the posterior part of the vagina is likely to be, in all cases, preferable to its removal from the anterior part, which is the plan adopted by Dr. Marion Sims; but, looking at the circumstances of the case, I suspect that the method which was here employed would be likely to be equally useful in other cases also.

ON THE

USE OF CARBOLISED CATGUT LIGATURES.

BY JAMES SPENCE, F.R.S.E.,

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THE success attending the employment of carbolised silk ligatures has led to the anticipation of still greater success by substituting catgut for silk. As the catgut ligature has recently been so prominently before the profession that others might, like myself, be induced to try it, I feel it my duty to publish the results of a case in which I used that material, and which show it to be by no means free from danger.

Having occasion, on Wednesday, the 12th ult., to tie the right common carotid artery, I determined to use the carbolised catgut ligature so strongly recommended by Prof. Lister, of Glasgow. To give the method a fair trial, I had some catgut prepared for the purpose; but not being satisfied with it, I obtained a carbolised catgut ligature from Prof. Syme's department of the hospital, as I knew it had been used there in cases of amputation, and was prepared according to Prof. Lister's plan. The ligature was a fine one, firm and even in structure; and before using it, it was dipped into the ordinary weak carbolic solution to render it pliable.

I exposed the artery very carefully below the omo-hyoid, and passed the ligature round the vessel with the least possible disturbance of its connexions. I was most particular in tying the artery. I tightened the first noose of the reef-knot firmly with the points of my forefingers, and withdrew them along the ends of the ligature so as to keep it firm; and still further to prevent all risk of the first noose slipping, I requested Mr. Annandale, who was assisting, to fix the knot by pressing on it with the handle of the needle, whilst I cast the second noose of the reef-knot and

* These further procedures have been subsequently successfully carried out.

tied it. As I was to cut the ends of the ligature close to the knot, I took the further precaution of protecting the ends of the reef-knot by tying a third knot, close to which I cut off the ends of the ligature. The wound was then washed with carbolic-acid solution, accurately closed by points of suture, and a slip of lint soaked in carbolic oil was laid over it and fixed with strips of plaster. So specially particular was I in regard to the operation that I did not even use the hospital sponges, but new sponges thoroughly steeped and washed in dilute hydrochloric acid, then in water, and lastly in a weak solution of carbolic acid. I mention these things to show that every possible precaution was used to give the method a fair trial.

The patient was very comfortable during the afternoon and evening succeeding the operation, and passed a good night, with the exception of sickness from the chloroform when he took liquids. On Thursday morning, at half-past ten, I received a message to say that he had suddenly become comatose and paralysed on the left side. On my arrival at the hospital I found the patient quite unconscious, and his left arm and lower extremity paralysed. My resident surgeon, Mr. Bramwell, informed me that about nine o'clock the patient asked the nurse for a draught of milk, after taking which he vomited; and during the vomiting the nurse observed him move his limbs violently, and he then became insensible and palsied, as before mentioned. Sinapisms to the spine and cold to the head were applied, but remedies produced little or no effect, except that the lower limb somewhat recovered its power of motion, not sensation. My opinion, from the symptoms present, and the mode of their invasion, was, that some diseased vessel at the base, or in the substance, of the brain had given way, causing compression or breaking up of the brain-substance on the right side, as this was likely enough to occur when, owing to the interruption to the circulation through the carotid, the blood would be thrown with increased force on the collateral branches.

The patient died on the morning of the 15th of May; and as I was anxious to secure the parts operated on before decomposition occurred, I had the wound in the neck enlarged, and removed them some hours after death.

On examining the carotid artery, I was not a little surprised to find that it did not seem in the slightest degree constricted at the point of deligation; in fact, at first I saw nothing which I could recognise as the ligature. On careful examination, however, I found that what at first seemed some lymph or tissue, was the catgut softened. The circle of the ligature had given way apparently on the side of the vessel nearest the trachea, the entire knot being connected with the end of the ligature which was visible. On looking at the ligature with a pocket lens, the texture of the catgut was distinctly seen, but it was so gelatinous and pulpy that it seemed as if it were cast in gelatine, and a portion removed for microscopic examination, when placed between two slips of glass, spread out like a fluid. The head was subsequently opened, and the brain examined, when an embolic clot was found plugging the middle cerebral artery.

Reviewing the case under the light thrown on it by the post-mortem examination, I think there can be little room for doubt that the softened and altered catgut ligature had yielded during the vomiting, and that the blood-current in the carotid had forced the recent clot at the point of ligature into the cerebral arteries, causing embolism, and the fatal result.

I have had some experience in tying arteries in the human subject, and I at one time conducted a very extensive series of experiments on the effects of ligature of arteries on the lower animals; but I never saw a case in which the ordinary ligature of silk or linen thread yielded or slipped, and never knew of a case in which the constricting circle gave way as in this case. Under these circumstances, whilst I believe carbolised silk or linen thread may be perfectly safe, I cannot avoid the conclusion that catgut, however prepared, is liable to become altered, softened, and disintegrated by the heat and moisture of the living tissues around it, and thus allow the deligated vessel to become again permeable. I learn also that, in a case of amputation of the thigh in which the femoral artery had been tied with catgut, hæmorrhage occurred from the ligature slipping off.

Ainslie-place, Edinburgh, May, 1869.

ON

THE DIGESTIVE DERANGEMENT ACCOMPANYING THE SECOND DENTITION.

By EUSTACE SMITH, M.D., M.R.C.P.,

PHYSICIAN EXTRAORDINARY TO HIS MAJESTY THE KING OF THE BELGIANS, PHYSICIAN TO THE NORTH-WEST LONDON FREE DISPENSARY FOR SICK CHILDREN, ETC.

In children, the activity of the mucous membrane lining the alimentary canal is very remarkable. The secretion of mucus appears in them to be always in excess, as compared with the adult, and to be abundantly increased by the presence of the gentlest irritant. The stools of young infants are, in their natural state, composed in great part of mucus, and under the influence of any passing irritation this secretion becomes largely augmented; the stools consisting of that more or less intimate admixture of thick viscid mucus with fæcal matter which is known in nurseries by the name of "slime." In infants improperly fed, and whose bowels are therefore exposed to the constantly renewed irritation of undigested food, great quantities of mucus are often found in the motions in the form of strings and jelly-like lumps.

Again, the increased secretion of mucus may be the result, not of local irritation, but of sympathetic action set up in one tract of mucous membrane by the existence of a similar condition in an adjacent tract. Thus, in whooping-cough the stomach and bowels sympathise with the copious mucous flux of the bronchial mucous membrane, and themselves secrete an abundant thick mucus, which is vomited in large quantities at the termination of the characteristic cough, and is discharged from the bowels with the stools. After recovery from whooping-cough the derangement of the alimentary canal usually subsides; but in weakly children, or in children much reduced by the intensity or the long continuance of the disease, the excessive secretion of mucus is apt to continue, and to become chronic.

A chronic derangement of this kind is very frequently met with, and, by its influence in impeding general nutrition, often excites suspicions of the existence of tubercle. It is often found to accompany the progress of the second dentition; for although by no means necessarily excited by that state of natural development, yet there is no doubt at such times—owing to the intimate sympathy existing between all parts of the alimentary canal—a great tendency to increased activity of secreting function, and an increased susceptibility to disturbing influences.

A child in whom this derangement exists is noticed to be languid and dull; he is disinclined to exertion, and complains of weariness and depression. He grows pale; loses flesh; his skin gets dry and rough, so that by friction the epithelial scales can be rubbed off as a fine dust. He is often drowsy in the day, but is restless at night, grating his teeth; and his sleep is frequently disturbed by frightful dreams, from which he wakes in great terror, crying or talking incoherently. Nocturnal incontinence of urine is also not unfrequently complained of, and this, although in the beginning only occasional, may afterwards become habitual. His appetite, at first unusually keen, becomes gradually capricious, then fails almost entirely, and each meal is followed, after some little interval, by flatulence and uneasiness. The appetite may, however, remain large even after the emaciation has become extreme, and in some cases the hunger seems almost insatiable, the child very shortly after a full meal asking again for food. The tongue is either deep-red, clean, and glossy, looking as if denuded of its epithelium, or is covered with a thin coating of transparent grey fur, with a slimy look, as if it had been soaked in mucilage, and having the fungiform papillæ at the sides of the dorsum, although not elevated, unusually large and well defined. The bowels are either constipated, or there are frequent scanty stools, containing large quantities of free mucus; and the evacuations are generally accompanied by much straining, and sometimes by prolapse of the bowel. It is not uncommon to find constipation and diarrhœa, alternating with one another. Thus, the bowels are confined for two or three days, or even for a whole week; a violent attack

of purging then sets in, the bowels being opened ten, twelve, or even more times in the twenty-four hours; after which, the accumulation having been discharged, the bowels become again confined. Sometimes the breath is extremely offensive, especially in the mornings; and this is often dependent upon enlarged tonsils, which secrete a thick, bad-smelling, semi-purulent matter. The fetor of the breath may, however, be present although the tonsils are quite healthy. The complexion is often remarkably sallow, having a half-jaundiced tint; and the child complains of headache or of wandering pains about the chest or belly. The lymphatic glands of the neck are liable to become enlarged on the slightest irritation. They do not, however, necessarily suppurate or remain permanently swollen. The enlargement, after persisting for a variable time, may disappear completely. Night-sweating is a rare symptom; indeed, the skin is habitually too dry, and acts with very great difficulty. The temperature of the body is seldom elevated above the normal level.

The symptoms thus described do not progress in any regular manner from bad to worse. It is usually found that the child is subject every few weeks to what are called "bilious attacks"—to violent attacks, that is, of vomiting and purging, lasting often for two or three days, during which large quantities of mucus are got rid of. The system being thus relieved, the symptoms become for the time less severe; the child sleeps better at night, and during the day is less languid and more inclined to take exercise. The improvement is not, however, of long continuance; for the symptoms, returning, grow gradually worse until they culminate in another violent attack like the former. In this way the child may go on for months, getting gradually thinner and weaker, his condition exciting the gravest apprehensions amongst his relatives, especially as a short hacking cough is a not unfrequent symptom of this derangement, and increases their fears of the outset of consumption.

Worms, especially amongst the poorer classes, form a common complication of this derangement; in which case the symptoms are all attributed to the presence of the entozoa. The creatures find in the alkaline mucus a congenial nidus; but the disordered state of the mucous membrane is at least as important as are the parasites themselves, and until the alimentary canal is restored to a more healthy condition, special anthelmintics frequently fail of success. The difficulty so often experienced in curing a child of worms is due to a neglect of the measures necessary effectually to restrain this unnatural activity of the mucous glands.

It is easy to understand how nutrition must suffer in this disease. The mucus poured out into the stomach and bowels seems to act as a ferment, and to cause decomposition of the food with which it comes into contact. At the same time the alimentary masses, being enveloped by a coating of thick slimy matter, are prevented from being properly mixed up with the digestive fluids. A comparatively small part of the food which has been taken is therefore converted into a form in which it is capable of being absorbed; and of that small part a still smaller is actually taken up by the absorbent vessels, on account of the thick layer of viscid mucus which lines the walls of the bowel, and prevents the veins and the lacteals from performing their functions. The acid resulting from the fermentation of starchy food increases the consistence of the mucus by partially coagulating it; and the irritating action of the sour contents of the bowel upon the lining membrane excites further secretion from the glands. The large appetite so commonly found in these cases is, no doubt, in part a manifestation of the want of nourishment felt throughout the system; but it is probably also in part a morbid craving excited by the stimulating action of the fermenting contents of the stomach and bowels.

The symptoms by which this derangement may be recognised are: the slimy appearance of the tongue; the large quantities of free mucus in the stools; the great want of regularity in the progression of the symptoms; and the periodical occurrence of "bilious attacks." If these conditions are observed to follow an attack of whooping-cough, or to occur at the time of the second dentition—if they are accompanied by dry, rough skin, and sallow complexion—and if the temperature of the body is not raised above the natural level,—we may conclude that the illness is due to the cause which has been described.

Under proper treatment, children suffering from this derangement usually do well; although sometimes the fears excited by their gradually increasing pallor and weakness, and their progressive emaciation, are actually realised. Pneumonia attacking such patients is apt to be of the epithelial variety—the so-called scrofulous pneumonia; and the deposit, after remaining unabsorbed for a variable time, generally undergoes disintegration, forming one of the many varieties of pulmonary phthisis. If the formation of grey tubercle occur at all in such cases, the coincidence must be looked upon as accidental, for the disease in question is quite distinct from the tuberculous diathesis and independent of it.

In the *treatment* of this derangement, the mucus already secreted must be cleared away by a purgative of rhubarb and jalap. After which, various measures must be resorted to for restraining the excessive secretion of mucus, and for restoring healthy nutrition. This is to be done by a strictly regulated diet and by a careful hygiene, at least as much as by the administration of medicines. All articles of food must be forbidden in which fermentation can be excited by the presence of the alkaline mucus; and therefore farinaceous matters, sugars, and fats should be rigidly excluded from the diet. The child should be fed as nearly as possible upon meat, eggs, and milk. It is true that bread can seldom be entirely dispensed with, but what little is allowed must be eaten stale or well toasted. Too much food must not be given at once, for all overloading of the stomach is to be avoided. It is better to distribute the amount allowed over four meals rather than three, and these should be fixed at regular intervals throughout the day. When the derangement has existed for some time, and the general nutrition of the body is much lowered, the appetite usually fails. In these cases it is often difficult to persuade the child to take nourishment, especially as his chief craving is for bread-and-butter, potatoes, and all the different articles of food which are particularly injurious. Meat is often extremely distasteful to him. A lark or a snipe will, however, by appealing to his fancy, sometimes overcome this dislike; and every means should be tried, by varying his diet within the prescribed limits, to induce him to take a sufficient quantity of food. At the same time, the patient should be warmly clothed, and should take plenty of exercise in the open air. If the weather be mild, almost the whole day should be passed out of doors. The child should wear a shirt and drawers of flannel, and his belly should have the additional protection of a broad flannel belt. To restore the proper action of the skin, the whole body should be sponged with tepid water in a bath every morning, and should be afterwards well rubbed with towels or a flesh-glove until the skin is all aglow. The frictions may be repeated, without the bath, in the evening before going to bed. In cases where the skin is particularly dry and shrivelled-looking, Dr. Andrew Clark recommends that a warm bath should be taken at night, and that the body should then be freely anointed with oil. Under such treatment the skin quickly recovers its natural appearance, and becomes soft and supple. The above measures—even if no medicines have been given at all—will, after a very short time, produce a marked improvement in the appearance of the child. The stoppage of starchy food, and especially of potatoes, will by itself remove a great many of the more distressing symptoms; the restlessness at night, in particular, usually ceases at once. There are, however, certain medicines which should not be neglected; but those most calculated to assist the object we have in view are not those which, under the name of *tonics*, are usually resorted to when from any cause healthy nutrition of the body appears to be in abeyance. The best tonic is nourishing food. But that the food taken may be nourishing, it must first of all be digested; and those medicines will be therefore the real tonics which enable the alimentary canal properly to perform its functions. Our object is to check as rapidly as possible the excessive secretion of mucus, which prevents the food from being sufficiently mixed with the digestive fluids, and impedes the action of the absorbent vessels. Various medicines will accomplish this result. Thus, alkalies not only appear to have an influence in arresting the secretion of mucus, but also, by at once neutralising any acid formed by the fermentation of food, produce a rapid change for the better in the general symptoms. The best form in which they can be given is the bicarbonate of soda with a bitter,

as the infusion of calumba. To each dose may be added half a grain of iodide of potassium, to increase the salivary secretion, and twenty drops of the tincture of myrrh, which is found to have a powerful bracing effect upon the mucous membrane. The mineral acids—at any rate in severe cases of this derangement—often appear to be rather injurious than beneficial; certainly the improvement under their use is not nearly so rapid as in cases where alkalies are used. The influence of the latter in improving the appetite, when that is failing, is most marked, especially if a drop or two of dilute hydrocyanic acid be added to each dose of the mixture, and will often succeed when dilute nitric acid has been given without any effect. Aloes is also a most valuable medicine. Under its use the amount of mucus appearing in the stools diminishes rapidly, the digestion improves, and all the symptoms showing irritability of the nervous system—such as restlessness at night, bad dreams, startings, grinding of the teeth, moroseness and ill-temper—quickly subside. The effect upon the rest at night is usually most marked, the child beginning to sleep soundly after only a few doses of the drug. Aloes is most conveniently given in the form of the compound decoction, in doses of two teaspoonsful three times in the day, for a child of seven years old. In such quantities it does not act as a purgative, but merely produces a tonic effect upon the bowels, checking immoderate secretion. Decoction of oak-bark, in half-ounce doses, will also be found of service.

In cases where the emaciation and debility are very decided, iron may be combined with the special treatment; for although tonics, when given alone, are found to be of slight advantage so long as the functional derangement of the alimentary canal continues marked, yet in combination with medicines directed especially to rectify that derangement, iron is often of much use. Thus, the ammonio-citrate of iron may be given with aromatic spirits of ammonia in the alkaline mixture, or a teaspoonful of iron wine may be added to each dose of the decoction of aloes.

While these medicines are being taken a purgative of rhubarb and jalap should be given fasting twice a week. Afterwards, when mucus has ceased to appear in the stools, and all symptoms of digestive disturbance have disappeared, quinine, the mineral acids, cod-liver oil, &c., may be given, if they are thought to be required; but these are seldom necessary to complete the cure.

George-street, Hanover-square, May, 1869.

MEDICINE, DISEASE, AND DEATH.

BY CHARLES ELAM, M.D.

PART II.

IN a former paper (see THE LANCET of April 24th) I brought forward some statistics, derived from the Annual Reports of the Registrar-General, tending to show—

1. That the annual death-rate is increasing.

2. That the average duration of life is decreasing.

3. That our *power over* disease is in nowise proportionate to our *knowledge of* it; and that our treatment is less efficient now than it was thirty years ago.

The increase of the death-rate during the period alluded to is, in round numbers, about one in the thousand. This corresponds to three thousand additional deaths in London alone; and to about twenty-two thousand in the whole of England and Wales.

I will not recapitulate further, but proceed from facts to their causes. Every effect has its antecedent cause, and it is the true province of science to investigate this. I believe that for the phenomena immediately in question there are causes in operation sufficiently obvious to be distinctly recognised; and of such a nature that, if honestly recognised, they may be avoided, and the consequences averted.

I do not think that the medical profession is solely and altogether to blame for the melancholy results on human life above mentioned. There are sources of evil greatly prevalent in society at large, which have been vastly multiplied during late years. Men live much faster than they used to do; they travel faster; all the operations of business are conducted much more rapidly than they were; the wear and tear of life and brain are intensely aggravated. Fortunes are made and lost with great rapidity; and the hopes, fears, and anxieties attendant upon the transactions are prolific sources of disease and decay. The lists of mortality are thus swelled, without our being able to trace the special causes by the names of the diseases. For great numbers of men die, and the cause of death is called, it may be, bronchitis, or pneumonia, or paralysis, or a hundred other names; the real cause being merely the cares and worries of life.

Then our habits of life are becoming year by year more unnatural. We dine when our forefathers went to bed; and take every precaution to prevent any lapse from an artificial state of existence. Hence new and varied forms of indigestion, with its thousand sons.

Doubtless these and many other circumstances connected with our present social condition do, to some extent, influence unfavourably our vital statistics. But we cannot attribute any *considerable* proportion of the increased mortality to these causes. It is, of course, difficult to estimate with exactness the precise share each cause has in the general result. But if we may assume, as seems most likely, that the male sex will be chiefly affected by the influences now alluded to, we shall be able to arrive, by a process not necessary to dwell upon, at the conclusion, that not more than one-tenth part of the increased mortality is attributable to changes consequent upon the constitution and development of society, and social life in general.

Yet the fact remains, that about 23 persons out of every 1000 die annually at the present time; whereas the average, twenty-five or thirty years ago, was rather under 22 in the 1000. I believe that this is attributable to the neglect or decline of Medicine as an art, and, consequently, our diminished power in checking or controlling disease.

This will, doubtless, appear paradoxical, or something worse, to the minds of many. It seems strange enough to speak of the "decline of Medicine" at a time when medical science is cultivated with more method, persistence, zeal, skill, and *success* than at any former period of our history. That all this is so I most firmly believe, and give all honour to those who give up their lives to these investigations. Yet I equally believe that, as a profession, we have gone astray from our true mission. It is to some extent true now, as it was in the day when Bacon wrote, "that Medicine is a science which hath been more professed than laboured, more laboured than advanced,—the labour being, in my judgment, more in a circle than progressive: I find much iteration, but small addition."

The field for thought that is here opened is very extensive; it may be, boundless. My object is to direct attention to a few only of our most obvious errors, and those that are most fruitful for evil. These may be noticed under four heads: as errors of theory, of education, of practice, and of fashion.

1. I have stated before, that Medicine should be, before all things, the *art of healing*. I believe that our first and fundamental error in theory has been the overlooking of this definition, and viewing Medicine as a science. Now, in any proper acceptation of words, Medicine is not, and can never be, a science; it is an art, *sui generis*—fed, fortified, and enlightened by science,—but in no wise a science in itself. This is not a mere speculative matter—an affair of terminology. So long as we view Medicine as a science, so long shall we be disappointed in our progress and our results. Science is steady, certain, and progressive; art is vacillating, doubtful, and limited. If we expect exactitude and certainty in Medicine, because we rank it as a science, we shall be ever failing, ever doubting and losing our faith, and, as a necessary consequence, our zeal. We can never hope to reduce Medicine to mathematical formulas, in which disease and remedy will represent one side of the equation, and health the other. We deal with such an infinite variety of unknown quantities, and indefinite variables, that we can never hope to reduce them to any fixed expression that can have a practical value. Besides disease, we have to deal in each case with age, sex, temperament, and previous history—elements which can to some extent be allowed for; we have also to deal with idiosyncrasy, with heritage, and with the thousand social surroundings, which will always baffle our calculations, and stultify our foregone conclusions.

At various epochs in the history of Medicine, it has been hoped that it might become a special branch of chemical science. Some years ago this hope assumed a more definite and apparently promising form than it had ever before done. How we have been disappointed in this direction it is needless to show. No one now contemplates the possibility—save in some few exceptional instances—of forming out of two active disturbing causes, disease and chemical remedy, the neutral compound, health. Because there is a prevalence of acidity superficially apparent, we do not *therefore* calculate that alkalies will cure the pathological condition in which it is manifested, nor *vice versâ*. We cannot with certainty calculate even upon altering an acid or an alkaline condition of the secretions by the obvious *chemical* resources. On the contrary, there is no more certain mode of relief known, for some conditions of the stomach in which intense acidity is a prominent symptom, than the administration of acids.

Science is knowledge, but such knowledge is not power in any practical sense. We know the motions of the planets, and can predict their phenomena with the utmost exactness, but we cannot influence them in any way. By science we know disease: science is diagnostic. It is by art that we treat it: art is therapeutic. All our art is derived from experience. It may be that in some few instances *à priori* considerations lead us to try certain modes of treatment; but in general they are empirical, and in all cases the final acceptance or rejection of the method is governed by experience. This could not be were Medicine a science. Science knows, and is precise and positive. Art is variable, and selects. Science submits to no ignorance; but art is ignorant of much. Science is essentially contemplative; art is active. In the apt antithesis of Dr. John Brown: Science puffeth up; art buildeth up.

Practically, the result of this error of theory is this: with every advance of science, we are too much disposed to think that an alteration in our art is necessary; otherwise we should be tacitly admitting the barrenness of the science. We forget the results of long experience, to run after the phantoms evoked by our improved knowledge. We make a discovery in chemistry or in microscopical science, and we are but ill satisfied if we cannot adapt it to our art. We improve in physiological knowledge; we learn the functions of a nervous tract with greater certainty; or we trace the relations of certain organs to extraneous influence more accurately; and in accordance with this, we alter modes of treatment which, up to the present time, we have been accustomed to think and to find satisfactory. Our disappointment in the result does not always teach us wisdom for the future.

I do not propose to enter deeply into the abstract question, but will merely state what I believe to be the fact, that pure science has in general done but little for art; whilst art has constantly and largely been contributing to the progress of science. In our profession this has eminently been the case: not the men of science, but those of careful and accurate observation, have generally been the men distinguished for healing gifts. Avoiding any allusions to men of the present day, let me illustrate my meaning by contrasting Harvey, the man of science, with Sydenham, the man of concrete observation; Sir Charles Bell, the discoverer, with Abercrombie, the physician.

Medicine has the same relation to science that poetry or painting has; and inasmuch as the most complete knowledge of the laws of perspective and the theory of light and colours would fail to make a painter; or the most intimate acquaintance with the rules of versification would fail to make a poet; so the profoundest knowledge of physiology and of all the sciences tributary to Medicine would entirely fail to make a competent physician. Medicine is a faculty to be acquired, not a lesson to be learned—to be acquired by long and patient observation of complex phenomena, in their ever-varying combinations,—not to be reduced to the hard and inelastic formulæ of science. In itself, I reverence science; but, in the interests of true progress and of humanity, I trust we shall, for the future, hear more of the art of healing and less of the science of Medicine.

2. The most important consequence of this theoretical error is, the false system of education that is entailed and necessitated thereby. Medicine being considered a science, it appears necessary to cultivate all the collateral sciences to the utmost. A man may be legally qualified to practise medicine at twenty-one years of age. By that time he must have an accurate and minute knowledge of descriptive and general Anatomy; he must be well versed in the latest views on Physiology; his knowledge of Pathology must be well vouched for; he must be sufficiently versed in Chemistry to be enabled to analyse ordinary solutions, besides cumbering his memory with names, numbers, and proportions without limit; he must be able to describe in scientific phrase any plant which enters into the composition of the Materia Medica, and to anatomise any leaf or flower *secundum artem*; and he must have a competent theoretical knowledge of the principles and practice of Medicine and Surgery. By this time, also, he will have seen much operative surgery, and a minimum of medical practice at the hospital; and he must have practised vaccination, obstetrics, and the minor operations of surgery; eking out this trifling curriculum with the study of Forensic Medicine and Toxicology. Should he be destined for the higher walks of the profession, it would be much easier and shorter to enumerate the few subjects he need not study, than to catalogue the heterogeneous farrago of learning with which he must bewilder his unfortunate brain. It is evident that much of this learning must be acquired in a superficial and perfunctory manner, and that the knowledge necessary for passing the examinations must be "crammed"—to be disgorged and forgotten at the earliest possible period afterwards.

(To be concluded.)

ON THE

ARSENICAL TREATMENT OF PHTHISIS.

BY T. F. SANGER, M.R.C.S.,

SURGEON TO THE CONVALESCENT HOSPITAL, SEAFORD.

ABOUT a year ago I had a case of phthisis under my care. The patient was a man aged twenty-eight, in whom the disease was hereditary, and two of his brothers had died of it. He was then taking citrate of iron and quinine, with iodide of potassium and cod-liver oil, from which he seemed to derive little benefit. Some spots of eczema appearing on the neck and chest, I substituted five minims of the liquor arsenicalis for the iodide of potassium in the iron mixture, and after he had taken it two or three weeks I was very much pleased to find that, although the eczema was not cured, his chest symptoms were much relieved, as he breathed more freely, his cough was less troublesome, he had gained strength, and increased in weight. Instead of succumbing to the disease as his brothers had done, he gradually improved, and when the cold weather set in he procured admission to a consumption hospital, where he remained two months. He came out in March, rather weaker than when he went in. I put him again upon the arsenical treatment, and it has brought him back to about the same state of health he was in when he left for the consumption hospital.

In THE LANCET of November 21st, 1868, there is an article on the administration of arsenic in consumption, which contains an abstract of the reports of MM. Hérard and Moutard-Martin on the therapeutical use of that drug: I therefore determined on giving it a further trial.

A large percentage of the patients sent to the Convalescent Hospital are cases of incipient phthisis, and a few (although it is contrary to the rules of the institution) are patients in whom the disease is more advanced. These, in addition to my own private and parish patients, afforded me a good opportunity of testing the value of arsenic in arresting the progress of the malady. I cannot give the details of every case treated by the arsenic, but in almost every one the patients derived benefit from it; and several that I thought were hopeless improved beyond my most sanguine expectations.

I generally administer the arsenic in five-minim doses of the liquor arsenicalis, or solution of the arsenite of soda, twice a day, combined with a drachm of the citrate of iron wine, or five grains of the citrate of iron and quinine; and I am very particular in directing the medicine to be taken

soon after a meal, and that it should be discontinued if any irritability of the stomach or bowels comes on during its administration. In some cases, especially where the patients are not able to tolerate any preparations of iron, I combine the arsenic with the hyposulphite of soda in doses of fifteen to twenty grains.

Martha S——, aged twenty-three; incipient phthisis, slight hacking cough, not much expectoration, dulness on percussion over the apices of both lungs, very anæmic, skin and conjunctiva a dirty-yellow colour. Says "she has been ailing for two or three years; has taken a great deal of medicine, but cannot tolerate steel." She commenced taking five minims of solution of arsenite of soda, with fifteen grains of hyposulphite of soda, the first week in April; took the medicine up to the 28th May, when she was discharged cured.

John H——, aged thirty-four, lived for some years in a malarious district, near a tidal river; has suffered from dyspnœa, cough, and emaciation for two or three years, during which time he has been unable to do any kind of work, and has been for some months a patient in the Brighton Hospital. He commenced on the 20th January to take five minims of Fowler's solution, with one scruple of the hyposulphite of soda, twice a day. He continued to take it up to the 10th of April, when he was returned as cured. He resumed his employment as farm labourer, and has been at work up to this date.

The situation of the Convalescent Hospital at Seaford is very favourable for the treatment of the early stages of consumption, and it may therefore be said that the success of the treatment should be partly attributed to the healthiness of the place. Seaford is remarkably dry, the subsoil being chalk or porous sand; consequently, there is very little surface evaporation, and after the heaviest rains the roads are free from mud and dirt. The country rises gradually behind the town to the breezy Southdown hills, and is defended from the north and east winds by the Beachy Head range of cliffs, which rise to a height of between 600 and 700 feet. The drainage of the place is now as perfect as in any town in England, the sewage being discharged into the sea at a part remote from any dwelling, and in a way which prevents its interfering with the comfort of bathers.

The city of Salisbury, when I lived there thirty years since, was called "the sink of Wiltshire, the close the sink of Salisbury, and the Bishop's palace the sink of the close." The death-rate was almost as high as in any city or town in England, ranging from 27 to 29 in 1000. Good drainage and a pure water-supply have reduced the general mortality 40 to 50 per cent., and lessened the deaths from phthisis (according to the statistics of Dr. Buchanan and Mr. A. Middleton) 50 per cent. If good drainage, by lessening surface evaporation, and purifying the atmosphere, reduced the incidence of death from consumption just one half, in a city situated as Salisbury is, what is it likely to do for a town so healthily placed as Seaford, where the death-rate has been as low as 13 in 1000 at a time when the two healthiest districts in England (Helstone and Eastbourne) were 15 in 1000.

Seaford, May 28th, 1869.

ON THE TREATMENT OF SCURVY BY THE BINOXALATE OF POTASH.

COMMUNICATED BY

W. H. TAYLER, M.D.,

FROM OBSERVATIONS MADE IN THE ARCTIC REGIONS BY

J. W. TAYLER, F.R.G.S., F.G.S.

IN 1854 and 1855, my brother, Mr. J. W. Tayler, was engaged at Evigtok, West Greenland, about lat. 61° 20′, in working some lead mines, and had under his charge fourteen men. During that period all hands except himself and the steward were affected with scurvy. After exhausting his stock of lime-juice and citric acid, using up all his claret, jams, and everything that would be likely to be of service, he bethought himself of the fact that sailors, when suffering from the want of fresh meat and vegetables, take every opportunity, when they get on shore, of hunting for sorrel, and that those affected with scurvy rapidly improve under its use. As a chemist, Mr. Tayler considered what remedial agent the plant contained; and knowing binoxalate of potash to be present in it, he determined to try that salt. Having some oxalic acid and potash, he manufactured a compound of binoxalate of potash with an excess of oxalic acid, and commenced his treatment of the men laid up with scurvy. He gave four-grain doses three times a day. A rapid improvement followed: the men, though still living on the same diet, soon lost all symptoms of the scurvy; and all recovered except one man, who died after travelling seventy miles in an open boat, and when within sight of the vessel which was to take him home, he being unable to bear the exposure and fatigue of the journey. All the men were affected with scurvy in its most virulent form.

In 1865, Mr. J. W. Tayler went to Exeter Sound, and there landed his men and stores for the purpose of forming a settlement for whale fishing.

In 1866–67, though there was a fair supply of preserved meat and vegetables, lime-juice, pickles, &c., several of these men became affected with scurvy, and two died; but the binoxalate of potash treatment was not adopted, the medical man then in temporary charge preferring the usual remedies.

In 1867–68, many of the men were suffering from scurvy, and after trying lime-juice and other remedies without much improvement, the binoxalate of potash was given; the scurvy was soon checked, and all the men recovered. Occasionally the salt was discontinued, and the men at once retrograded; and they had such implicit faith in its prophylactic properties, that on the least symptoms of scurvy showing themselves, they came and asked for a powder of the binoxalate, which they took in the form of lemonade.

From the above facts, we appear to have in the treatment of scurvy a most valuable agent in the binoxalate of potash with oxalic acid. It is easy to obtain, can always be made of a uniform strength, its purity can be depended upon, it does not deteriorate by keeping, and is very inexpensive. It is also contained in the juices of many plants, particularly in the expressed liquor of the rhubarb-leaf, which, made into a syrup or extract, would probably answer well. Should a more extended trial by others prove it to be as successful a remedy as it was in the hands of Mr. J. W. Tayler, the boon to sailors would be great. In the navy and mercantile marine, it would not only save many valuable lives, but thousands of pounds, now almost uselessly expended in badly preserved meats and vegetables and adulterated lime-juice. Mr. Tayler found that no consumable amount of preserved meat was equal to fresh meat as a health-sustaining diet, and the men were so eager for fresh meat that they often preferred bear to the preserved meats supplied in tins.

I will conclude my remarks by giving some of the symptoms noticed by Mr. J. W. Tayler in the men affected with scurvy. The men complained of languor and restlessness, were melancholy and low-spirited, and their appetite was capricious; they had aching pains down the front part of the legs, particularly on retiring to rest; small petechial spots appeared on the inner and lower third of the legs, spreading more or less rapidly, and forming large patches the colour of port wine; there was also tenderness of the teeth and gums. As the disease progressed, the breath became foul; spongy, fungoid, bleeding excrescences appeared about the gums and palate; there was great tenderness of teeth, and inability to eat hard food, such as biscuit; the teeth became loose and fell out; general œdema existed; they were unable to walk without support; softening of the finger-nails took place, they becoming quite pliable; there was very great unwillingness to move about or assist themselves in any way, and they got discontented and very desponding; great debility came on, the body rapidly emaciated, giving off a most foul stench, and pediculi were frequently numerous. The patient may die on any sudden exertion, or gradually sink. In fatal cases, many go on for four or five months; but some slight cases recovered in a few days under the binoxalate of potash.

From the foregoing results I would draw the following conclusions:—

1st. That scurvy arises in a great measure from a deficiency of albumen in the blood.

2nd. That the diet of sailors and persons who suffer from

scurvy contains little albumen, or albumen difficult to be dissolved and taken up.

3rd. To prevent scurvy we must give some easily-digestible albuminised food.

4th. All or most of the albuminised food taken must be made use of, which at present, in salt beef as supplied to merchant ships, which has been, perhaps, several voyages, and repickled over and over again, cannot be without the aid of some solvent.

5th. As an additional albuminised food I would, till improved preserved fresh meat be introduced, give occasionally each sailor a certain quantity of the uncooked white of egg,* which, by the addition of a very small portion of salt, and put into bottles or kegs, can be kept good for a length of time.

6th. As a solvent I would give the binoxalate of potash, which would add to the power of the gastric juice, and dissolve out more of the albumen from the salt provisions.

Tudor House, Anerley, April, 1869.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

TWO CASES OF COMPOUND DEPRESSED FRACTURE OF THE SKULL, WITH WOUND OF THE DURA MATER.

(Under the care of Mr. ROUSE.)

IN the first of the two following cases there occurred what is usually looked upon as a formidable complication—namely, hæmorrhage. The opening in the artery could be seen, and a jet of blood spurted forth whenever the sponge was removed from the wound. Moderate pressure, however, with a small piece of lint was quite sufficient to arrest this, and it led to no bad symptoms. In the second case the issue was not so fortunate, but the hæmorrhage was controlled with similar ease.

CASE 1.—F. M——, a trainer, aged twenty-two, was admitted March 12th. He stated that on coming up to London by rail, the train in which he was riding came into collision with another, and, on getting out, he was thrown forwards, striking his head against the rails. On admission he was perfectly sensible, having walked into the ward. There was a lacerated wound over the anterior and upper portion of the right parietal bone, about an inch and three-quarters long, at the bottom of which the skull could be felt comminuted and depressed.

The patient was put slightly under the influence of chloroform, and Mr. Rouse, having enlarged the wound, found that the skull was comminuted for about an inch and a half by three-quarters of an inch. The depressed portions (thirteen in number) were picked out, when a small punctured wound, the size of a pin-hole (caused by a small spicula of bone) was found in one of the arteries of the dura mater—a branch of the middle meningeal. There was considerable hæmorrhage from this puncture; a piece of lint was therefore tucked in, with one end hanging out of the wound. The scalp was replaced, and kept in position by a silver suture. The fracture did not extend beyond the depressed portion. He was ordered beef-tea and milk.

March 13th.—Has passed a quiet night. Pulse good, 84; slight headache. Wound appears in part healed; no hæmorrhage.

14th.—The lint was withdrawn to-day, and, to do so, a portion of the wound which had healed had to be opened up. Pulse 80; tongue clean and moist; no headache. As the bowels had not been opened, he was ordered five grains of calomel.

From this time no unfavourable symptom occurred. The pulse was slow (on the 24th only 48 beats per minute), but became normal again before he left the hospital. The bowels were rather confined; he was therefore ordered two drachms of sulphate of magnesia in an ounce and a half of infusion of roses every morning.

On April 5th he was allowed to get up; and when discharged on April 10th the wound was almost healed, and, to use his own expression, "he felt as well as ever he did, except that since the accident he has been rather deaf with the right ear."

Since his discharge he has been up to show himself, and when last seen (May 3rd) by Mr. Rouse he was perfectly well, with a slight discharge from the wound.

CASE 2.—John K——, aged fifty-eight, a butler, was admitted under the care of Mr. Rouse, having fallen about eight feet, while reaching over the balusters, on to his head. On admission, he was insensible, with paralysis of the right side. There was a compound depressed fracture on the top of the head, commencing in the superior parietal suture downwards and outwards. Mr. Rouse trephined and elevated the depressed bone, when considerable hæmorrhage was found to come from a wound in the longitudinal sinus. This was arrested without difficulty by pressure with a piece of lint; but the patient never rallied, and died about thirty-six hours after.

ST. BARTHOLOMEW'S HOSPITAL.

A SEVERE CASE OF STRUMA; REMARKABLE BENEFIT BY THE WATERS OF THE WOODHALL SPA.

(Under the care of Mr. PAGET.)

WE publish the following case from notes kindly supplied to us by Mr. Henry T. Butlin, late house-surgeon, because of the very remarkable effect which was produced upon the patient by his stay at the Woodhall Spa, in Lincolnshire, to which he was sent by Mr. Paget. It would seem likely that this Spa offers peculiar advantages in cases of strumous cachexia.

J. B——, aged twenty-four, married, by trade a shoemaker, was admitted into St. Bartholomew's Hospital in July, 1868. Thin, pale, and emaciated. He suffered from a strumous abscess on either side of the neck, a large one between the shoulders, and a deep abscess at the top of the sternum, exposing the bone. From all these there was profuse discharge. He complained of pain at the sternum, extending to the back. His appetite was extremely bad; his tongue red and dry; his pulse slow and very small. Frequent attacks of diarrhœa had helped to bring him into the miserable state of exhaustion in which he was admitted. He was first put upon a nourishing diet of essence of beef, eggs, milk, together with a large quantity of stimulants; but, in spite of all, he remained for some time in so precarious a condition that his life was despaired of. The wounds were dressed with a lotion consisting of one drachm of tincture of iodine, one drachm of glycerine, and four ounces of water.

In August, Mr. Paget kindly offered, at his own expense, to send him to the Woodhall Spa for a month; but the patient's health was such that for some days he was quite unfit to be moved. He fortunately rallied, however, and it was thought he might safely undertake the journey. Nevertheless, it was scarcely hoped that he would be seen alive again. However, a month afterwards he walked to the hospital to show himself. He was much stouter; pulse stronger; tongue clean and moist; appetite good. The deep wounds from which he had suffered were nearly healed, and the attacks of diarrhœa had ceased.

Mr. Cuffe has supplied us with the following notes of progress and treatment whilst at Woodhall.

Six ounces of the water, tepid, daily (except when the diarrhœa was urgent; bath, 95°, alternate days, half an hour; nourishing diet, with, during the first week, three ounces of brandy daily; afterwards half a pint of porter each day. The wounds were dressed with lint wrung out from spa-water. He had a severe attack of diarrhœa during

* Mr. J. W. Tayler found that, after eating eggs for a short time, the pliable nails were soon restored to their natural tone, and other symptoms improved.

the second week of his stay, and this prostrated him to such an extent that his life was for some time despaired of. For this he took chloric ether, morphia, aromatic confection, and brandy. From this date he gradually improved in strength and appetite until he left the Spa.

LONDON HOSPITAL.

THE following cases are at present in the hospital, under the care of Dr. Morell Mackenzie. For notes of them we are indebted to Dr. Woodman.

1. *Carcinoma of the larynx.*—G. P——, aged forty-five, first experienced pain in the throat last October, with singing in the ears, and a constant desire to swallow saliva. The simple act of deglutition was painful; but there was little or no difficulty in swallowing food. He had an attack of hæmorrhage from the throat on the 3rd of February; but his disease was not recognised until a laryngoscopic examination was made, when there was discovered (April 1st) a slight irregular swelling of the left arytenoid cartilage, with a small dry ulcer in its centre. The cervical glands were slightly enlarged, but not at all painful. The lungs were quite healthy. Notwithstanding the actual very slight amount of laryngeal disease, Dr. Mackenzie gave it as his opinion that it was a case of commencing carcinoma. On April 23rd the patient had another attack of hæmorrhage, which was promptly stopped by sucking ice. The disease has progressed most rapidly, and now presents a typical case of malignant ulceration. The left arytenoid cartilage is so enlarged that it passes over, so as to touch the centre of the ary-epiglottic fold of the opposite side, and entirely hides from view the posterior three-fourths of each vocal cord. There is, however, no difficulty of breathing, except in the horizontal position, when the stridor is considerable, the patient describing his sensation as if there were a flap in his throat, which moves to and fro as he breathes. Although the ulceration is extending, and the expectoration is considerable, the man considers himself improving, and exhibits an amount of hopefulness of recovery most unusual in cases of malignant disease.

2. *Enormous irregular thickening of epiglottis, of doubtful pathological nature.* — G. M——, aged forty-two, married, with seven children, all delicate. His wife is subject to perpetual eruptions, and has lost a large portion of her nose from lupus. Says he has never had syphilis or gonorrhœa, and has been temperate in his mode of life. Applied at the hospital on account of difficulty and pain in swallowing, which had existed more or less for upwards of three years. For the last twelve months has had a cough, with occasionally bloody sputa. Is unable to swallow anything but fluids or sops, and those with extreme pain. He has a very fair voice.

The laryngoscopic appearances in this case are very peculiar, and at first sight most puzzling. The epiglottis is enormously enlarged and thickened, hanging over the larynx, and somewhat resembling a section of an irregular mushroom. There is a large ridge in its centre, about half an inch wide, which looks like an immensely hypertrophied glosso-epiglottic fold. The arytenoid cartilages are more than half hidden by the epiglottis, but the right one is twice the size of the left. The view of the vocal cords is entirely occluded. Evidence of irregular and old-standing ulceration is seen on the inner surface of the arytenoid cartilage, and on the left side of the thickened middle ridge on the epiglottis.

This is one of those cases in which it is difficult to tell whether the disease is cancerous or syphilitic. The man has a yellow and cachectic appearance, and though the symptoms have been ameliorated under iodide of potassium, no alteration has taken place in the laryngeal appearances.

3. *Œdema of the larynx, with subsequent diphtheritic patches.*—This case, also at present in the hospital, is that of a single woman, aged twenty-nine, who applied in a state of extreme dyspnœa, with suffocation apparently imminent. The larynx was found to be uniformly congested and œdematous, but without ulceration. The patient had no voice, and seemed in great pain. She was ordered creasote inhalation, which afforded her considerable relief. On the following day, two symmetrical patches of diphtheritic deposit were observed on the arytenoid cartilages. Under topical treatment these disappeared in a few days. The patient is now suffering from slight general congestion.

4. *Laryngeal growths on both vocal cords.* — This case very well illustrates the value of the laryngoscope as a means of diagnosis, and an aid to treatment. The patient, Rebecca L——, aged twenty-one, single, applied on the 14th of May, suffering with great dyspnœa and croupy inspiration, which, together with loss of voice, had existed for more than twelve months. She was now so bad that tracheotomy seemed almost necessary. After being put to bed and relieved by inhalations, a laryngoscopic examination was made, and the whole glottis, with the exception of the merest chink, was seen to be blocked up by a mass of warty-looking growths, proceeding from the vocal cords. There was also considerable œdema of the larynx.

On the 15th, Dr. Morell Mackenzie removed several pieces of growth with the tube forceps. Manifest immediate relief followed the removal of these portions of the growth; but the following day, in consequence, doubtless, of the irritation produced by the operations, the breathing seemed as bad as ever. She was relieved by benzoin inhalations. On the 19th, Dr. Mackenzie removed several more pieces of the growth.

It is worth mentioning, that it is tolerably easy, when there is a large growth, to remove a portion, so as to give relief to the breathing; but it is when a small portion only remains, which is not sufficient to obstruct respiration, but quite enough to interfere with complete phonation, that the difficulty of cure commences.

Provincial Hospital Reports.

TUNBRIDGE WELLS INFIRMARY.

CASES OF LEAD PALSY.

(Under the care of Dr. WARDELL.)

1. J. R——, a short, thin man, a house-painter, aged forty-six, was admitted on October 7th, 1868. He stated that he had all his life been occupied as a painter, but never had been affected before the present attack. On admission it was with difficulty that he could raise the forearms from the body. Both hands had the kangaroo drop. Blue line of gums was very distinct. The symptoms commenced suddenly with constipation and tormina. The bowels were cleared out with castor oil and a few drops of laudanum. He was ordered a mixture with sulphuric acid and sulphate of magnesia in a bitter infusion, and a warm bath on alternate nights. During the next ten days or a fortnight he made scarcely any improvement. The treatment latterly recommended, of repeatedly blistering the nape of the neck, was freely tried, but without producing any beneficial effect. He was then ordered a mixture with the iodide of potassium in infusion of quassia, and electro-galvanism to the arms twice a day. Under these remedies he began to improve, and was discharged on February 9th, 1869, better, but not well.

2. R. K——, aged forty, a gasfitter, was admitted on January 2nd, 1866. Volume of flesh not reduced. Had generally had good health. Ten weeks prior to this date he began to experience pains in the limbs, and constipation and griping. On admission, both hands drooped. Had the power of pronation, but not of extension. Blue gum-line well defined. To have his bowels moved with castor oil and a few drops of laudanum, and a mixture with sulphuric acid, sulphate of magnesia, and infusion of quassia. A warm bath every second night.

Jan. 10th.—Decidedly better.

19th.—Ordered iodide of potassium in bitter infusion, and electro-galvanism twice a day.

Gradually improved, and was [discharged on March 2nd, and enabled to resume his occupation. Since that time he has had no return of the disease.

3. T. K——, a powerful, well-built, blue-eyed, fair-looking man, aged thirty, who had always been employed as an agricultural labourer, was admitted Sept. 8th, 1867. On

being closely interrogated, it was at length unquestionable that cider drinking was the cause of his malady (*colica damnoniensis*). It had been for years the custom of his employer to allow the farm servants during hay time and harvest three quarts of cider per diem. In the autumns of the four previous years the patient had had attacks of violent torminal pains, always accompanied by constipation. These attacks had not been attributed to the cider, though they ceased when this beverage was not taken. The water which he drank did not pass through leaden pipes, nor could his food or drink in any way be contaminated by lead. On the morning of August 18th, when reaping corn, much aching of the arms came on, and in the evening of that day so much powerlessness of the upper limbs was experienced that it became difficult for him to hold the implement in his hands. The next day he was utterly unable to pursue his occupation. No griping pains, and the bowels were not, as they had been in previous years, obstinately confined. On admission, both arms hung so powerlessly by his side that the hands could not be raised more than a few inches from the body. He had no pain in the upper limbs, and declared that as regarded his general health he felt very well. The characteristic blue line on the gums was most distinct. The muscles of the forearms were not much smaller than normal, if, indeed, they were at all reduced in volume. On further inspection, it was found that both deltoids were remarkably small and atrophied, and the wasting of these muscles was so apparent as to be a disfigurement. The sharp, lean, bony shoulders incongruously associated with the fine full muscular development of all other parts of the frame. He was ordered sulphuric acid, sulphate of magnesia, and infusion of quassia; the warm bath, and electro-galvanism. Subsequently he had the iodide of potassium in bitter infusion, instead of the above-named mixture. Under this treatment he made a steady and continuous progress.

Nov. 2nd.—He could at this date raise the arms to the horizontal position. Blue line much less distinct, and deltoids fuller.

Dec. 4th.—Could lift his arms above his head.

Jan. 14th, 1868.—Blue line scarcely traceable. Deltoids larger and plumper. Could lift the arms above the head to the full height. Complained only of the thumbs being weak, their balls having not yet regained their ordinary magnitude. In the course of two or three weeks he was discharged well.

Dr. Wardell observed that in these cases the metal passes into the system in three ways—by the ingesta, by the integuments, and in some cases (as in manufactures, where the patient has been exposed to the inhalation of vapours containing lead) by the pulmonary mucous membrane. Its effect is soonest produced when the poison is conveyed into the body by food or drink, or by inspiration. When cutaneously introduced, many months, or even years, may pass before the specific effects are proclaimed. In the slow process of its absorption, colic, in the majority of instances, precedes the palsy. Of 102 examples of lead paralysis given by Tanquerel, forty were not preceded by colic. The blood becomes entirely contaminated; but, curiously enough, as it is well known, and from the more exact observations of Budd, Wilson, and MM. Dauvergie and Guibourt, all organs and tissues are not equally susceptible of its influence. The spleen and muscles of the forearm have been found to contain the greatest amount on analysis. In the third of the above cases the deltoids and the thumb muscles were most acted upon. It sometimes occurs that only the balls of the thumbs, or even the muscles of a single finger, are selected by the caprice of the poison. Certain ill-understood conditions of the constitution favour its pernicious operation, because, as in painters and others, a number of persons may be similarly exposed to the absorption of the poison, and it is only in exceptional cases that the body is impressed by the agent. John Hunter described the condition of muscles paralysed by lead poisoning as of a cream colour. This change of appearance is now known to be the state of fatty degeneration induced by mal-nutrition, and the substitution of oil-molecules for the true sarcolemma. The nerves proper to the atrophied muscles secondarily become affected, and in the worst forms of the disease the great nervous centres become diseased. Budd discovered lead in the brain-tissue; and, according to Todd, in those instances in which the encephalon gravely became implicated, and in which there were epileptoid convulsions, patches of white softening, and an abnormal opening of the sulci, were the pathological appearances. The symptoms of this complaint come on gradually, and not suddenly, because the loss of healthy nutrition of the parts is a slow process, which induces an atonic state of the motor nerves. Flaccidity is the characteristic. In cerebral paralysis the limbs may relax from spasmodic closure. In lead atrophy they remain the same. When faradisation is applied in the first named, motor influence becomes apparent; in the latter there is no increase of excitability conferred. Again, the history of the patient, and the gum-line, will point to a correct diagnosis. The recovery is always slow, sometimes exceedingly protracted, and more especially in those who have been intemperate, because in such the functions of the great depurative organs, the liver and kidneys, are often, from structural change, imperfectly performed. The two cardinal indications of treatment are, the elimination of the poison, and the restoration of the disturbed or suspended functions. To first act on the great emunctories is the rational mode of procedure. The ancients took this view. Nicander and Celsus prescribed vomiting and purging,—a practice now pursued at La Charité. Various purgatives are given by the French physicians, such as jalap, scammony, senna, and the sulphate of magnesia. Emetics of tartarised antimony, and enemata, are employed in the earlier stages of treatment. Kapeler recommends alum and sulphuric acid, and in Germany these remedies are much used. Warm baths are generally followed by decided benefit. Dr. Todd gave the sulphur bath, which was, with two or three ounces of the sulphuret of potassium, mixed with twenty or thirty gallons of water. The iodide of potassium, as a medicine, converts the lead into a more soluble form, which can be taken up by the blood. Melsens believed the lead to be in actual combination with the tissues in an insoluble state, and that by the iodine it became liberated, and hence carried off. M. Bricheteau praises brucine in persistent paralysis of the smaller joints. In those instances in which constipation continues troublesome, M. Malherbe is convinced of the value of belladonna internally. Galvanism and electricity are the best stimulants which can be brought to bear on the atrophied nerves. Their use, however, should be steadily persevered in, and in repeated applications, rather than for long periods at one time. Gendrin recommended to operatives in lead mines and manufactories, lemonade, as he termed it, as a prophylactic. This was with a drachm or two of sulphuric acid in a pint of water, sweetened to make it agreeable.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

On the 18th ult. the meetings of this Society came to an end for the present, and until the winter session. Reviewing the conduct of business during the last half year, it may be fairly said that there has been a good deal more discussion—a matter for congratulation, since the meetings at one time were inclined to be anything but lively.

On May 4th there was a long list of specimens for exhibition.

Dr. Moxon brought under notice a case in which Colourless Mucus was found in an Obstructed Gall-bladder, there being no bile present in the gall-bladder or intestinal canal. The patient was not jaundiced, but was affected by pyæmia. Dr. Moxon stated that he had observed several cases of the same kind; and Dr. Murchison thought the case tended to prove that bile was not formed in the blood.

Dr. Payne and Mr. Henry Arnott both exhibited specimens of Myomatous Tumours: the one removed by Mr. James Lane from the gluteal region of a woman, and made up of globular masses, some opaque, some fatty, and some gelatinous—together of 13½ lb. weight; the other removed from Scarpa's triangle, and giving out on section viscid mucus, and composed microscopically of irregularly branched cells with delicate fibrillæ, forming an open network inclosing abundant mucous corpuscles.

Dr. John Murray exhibited a specimen of extensive Ulceration of the Stomach—5 in. long by 3½ in. broad, and occupy-

ing the entire space between the cardiac and pyloric orifices, the pancreas and liver forming the floor of the ulcer—from a patient aged thirty-eight.

Next in the list of specimens came a Colloid Tumour of the Female Breast; a specimen of Gangrene of the Head and Neck of the Thigh-bone, from a child admitted into hospital with the bone protruding through the skin; and the parts from a Diseased Knee-joint,—all by Mr. Gay.

Dr. Crisp followed with a specimen of Atheroma of the Aorta, from a dram-drinker aged twenty-two.

Dr. Church showed two Renal Calculi: the one of crystalline oxalate of lime, found in a small pouch in the kidney of a lady who had, when a child, suffered from peculiar pain in the back; the other, composed of cystine, from an old man with contracted kidney.

Dr. Down exhibited a Microcephalic Skull, from a boy fourteen years old,—the medio-parietal and all other sutures being present.

Dr. Cayley brought forward a specimen of Sarcoma of the Stomach from a man aged sixty-seven, who died without gastric symptoms in the Middlesex Hospital. At the post-mortem the coats of the stomach were found to be much thickened (three inches); and, microscopically, oval (cancerous?) corpuscles were detected in the mass.

Mr. Adams exhibited a Cancer of the Breast, removed from a female aged eighty, which had commenced in the skin, and advanced downwards.

Mr. Adams showed a Knee-joint from a woman, twenty years of age, who had had acute rheumatism, and was admitted into the Great Northern Hospital with both knees and hip-joints fixedly flexed, the deformities being forcibly reduced under chloroform, from the effects of which the young woman never recovered. The cartilages of the knee-joint appeared to be still healthy; but there were bands between the surfaces. Some discussion took place relative to the origin of these bands. Mr. Adams thought that the formation of the bands was, in the main, the result of rheumatism, and that no suppuration or ulceration occurred in rheumatism. Mr. Gay thought that the bands were probably formed by lymph thrown out by the synovial membrane. Mr. Hulke could not conceive that the cartilages could be healthy if these bands were present. Admitting the probability of the formation of these bands from lymph, he thought that the latter was evolved from the superficial layers of the cartilages; he of course referred to the bands found in young children.

Dr. Moxon, lastly, exhibited a specimen of extensive Ulceration of the Intestines, from a woman who was admitted into Guy's Hospital with obstruction of the bowels. There was little inflammatory appearance found after death, but the cæcum and colon were deeply ulcerated, and much stricture existed at the sigmoid flexure.

At the meeting on the 18th ult., after the reading of several reports, Mr. Pick exhibited for Dr. Fuller a large Tumour, which nearly filled up the whole of the abdominal cavity, and had taken its origin from behind the peritoneum; it weighed 28 lb., was entirely fatty, and was of six months' growth. Mr. Hulke wished to know whether it was regarded as primarily fatty, to which Mr. Pick gave an affirmative reply. Mr. Birkett mentioned a similar case which had occurred in the practice of Mr. Cooper Forster.

Mr. Myers exhibited for Mr. Trotter a specimen of Horny Tumour from the arm, and from the base of which an epithelial cancer had developed.

Mr. Curling showed, firstly, an interesting case of Calculus, the nucleus of which consisted of hair, which was human. Secondly, a specimen of Diseased Testicle from a man aged twenty-four, and in which there was "fibroid" deposit in the substance of the organ, giving the appearance of tuberculous disease. On microscopic examination, the deposit was seen to be fibro-plastic. This is the only case of the kind Mr. Curling has seen which offers any resemblance to the form of disease described by one of the French surgeons as a fungus of the testicle taking its origin in fibroid deposit. Thirdly, Mr. Curling sent round the room parts removed from a Knee-joint affected with Chronic Rheumatic Arthritis, in a young woman. The disease commenced at the age of eighteen.

Mr. Birkett exhibited the bones of the knee-joint of a girl aged twenty, whose leg had been amputated. The patient had suffered for twelve years, and there was great emaciation. The only hope of saving life seemed to be in amputation. The articular surfaces of the joint were more or less destroyed, but nature had made the attempt to form new articular surfaces or to patch up a joint; the exact appearances, however, are difficult briefly to describe.

An interesting case was related by Dr. Dickinson. He began by sending round some pieces of malignant tumour passed per urethram. He then alluded to the fact that it is very uncommon for a mucous surface affected by malignant disease to give off characteristic pieces or cells in any recognisable amount. His case was a remarkable exception to this rule. Last July Mr. Smith had brought to Dr. Dickinson a quantity of urine looking like a bloody fluid, in which were coagula of the size of peas, passed by a man in apparent health. Dr. Dickinson, on examination, found that the small masses were made up of cancer-cells. The man remained well for six weeks, and then passed more of the small masses with a little blood. Then frequency of micturition came on, and the man died last March. The clinical interest of the case consisted in the fact that Dr. Dickinson's correct diagnosis in July was resolutely disputed, as the patient presented no other symptom of disease than the passage of the bloody urine.

Dr. John Murray showed an Inflamed Parotid Gland, and a Dissecting Aneurism of the Aorta, removed from a man who went about without any serious symptoms of disease till within a few days of his death. Dr. Crisp started a short discussion on the relation of aneurism and atheroma, stating his belief that the latter followed the former; the progress of the disease was often arrested by ossific deposit, as we understood him. Dr. Crisp did not think that atheroma often precedes the formation of aneurism. Mr. Myers referred to the fact that in soldiers, aneurism occurs without prior atheroma in vessels; and Dr. Church acknowledged the difficulty of saying which is primary in certain cases. Dr. Bastian believed that the change leading to aneurism is, in the first instances, fibroid change; whereupon Dr. Green remarked that if he understood atheroma aright, it was "fibroid" in character in its early stage, and that the fibroid change alluded to by Dr. Bastian is the early stage of atheroma. Mr. Hulke said that if Dr. Crisp meant by atheroma the formation of earthy plates, which is regarded as the final stage of a long series of changes, then he was right in his opinion; but there is an early stage of cell proliferation which undoubtedly antecedes aneurism, save in traumatic cases.

Dr. Bastian made some interesting observations on the Formation of Bacteria. He had never found vegetable organisms in the blood of patients suffering from septic disease, but he had discovered moving particles in typhus, purpura, and some other diseases, produced by offsets of the blood-corpuscles that separate and become free, or by some change in the blood-plasma, by which small particles of protein matter are formed free in the fluids of the body.

Dr. Duckworth exhibited a Single (right) Kidney enlarged compensatorily, it being the only one in the body. It weighed 9 oz.

Mr. Gay showed a Recurrent Tumour of the Mamma.

After several other specimens had been handed round, a few words from the President closed the meeting.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MAY 5TH, 1869.

DR. GRAILY HEWITT, PRESIDENT, IN THE CHAIR.

THE following gentlemen were elected Fellows: Dr. Fisher (Sittingbourne); Dr. Marriott (Sevenoaks).

Mr. SPENCER WELLS exhibited the Uterus and Ovaries of the patient from whom he had removed the Fibro-cellular Uterine Tumour which he had shown at the last meeting, and which had been reported on by Dr. Braxton Hicks. It was seen that the tumour had been an outgrowth from the posterior surface of the fundus, the rest of the organ being healthy, with the exception of another very small outgrowth. The patient died on the third day after operation, not from any bleeding, peritonitis, or other direct consequence of the operation, but from fibrinous deposit in the right side of the heart. Superfibrination of the blood had been feared from the first, on account of the rapid rise in the temperature of the body from 98·4° to 101° within

twelve hours, and then rapidly upwards to 105·8°. This was accompanied by hurried breathing and feeble rapid pulse, with scanty secretion of urine charged with urates and pigment. The first sound of the heart became feeble more than twenty-four hours before death, and was inaudible for fully twelve hours. In all operations where peritonitis might be expected, Mr. Wells said he considered its direct effects far less serious than its tendency to cause excess of fibrin in the blood and separation of the fibrin in the heart. In reply to a question from the President, Mr. Wells said there appeared to be certain seasons in which this condition of the blood was epidemic, and at these seasons croup, diphtheria, and other conditions characterised by fibrinous exudations were also prevalent. Dr. Richardson was constructing a table which would probably be of great value to surgeons, showing by meteorological observations certain relations of temperature, barometric pressure, dryness of the air, amount of ozone, &c., when fibrinous deposits might or might not be feared.

Dr. ROUTH said that in the *éclat* of operation it was perhaps not sufficiently considered that this tendency to fibrinous deposits was perhaps remediable. It was not because it was epidemic that we should remain satisfied, and let our patients die. Diphtheria was such a disease, and yet physicians tried to cure it, and often did. Rheumatism also was a disease in which there was a tendency to fibrinous deposits, but it too was curable. Why not try the same means with this affection at its onset? Dr. Richardson had stated to him that rheumatic fever was amenable to ammonia, and the alkaline treatment for that disease was common. In peritonitis, accompanied with flocculent deposits, the fluid was often acid, showing that the blood was less alkaline than normal, and pointing to the use of alkalies, which might also be found useful in ante-mortem clots.

A Report, by Dr. HICKS, on the Microscopical Appearances of Mr. Wells's specimen, was read.

Dr. HICKS then exhibited the Uterus of a woman he had a week before delivered by the Cæsarean section. The body of the uterus contained some large masses of fibroid, especially near the fundus, from which one about an inch and a half in diameter was pendulous into the peritoneal cavity. There was one diverging at right angles from the left side of the cervix, about six inches long, and nearly four in diameter, when removed. This had occupied the brim, and was firmly attached to the pelvic walls, pushing the cervix uteri over to the right side, leaving only an opening large enough to permit the fœtal arm to protrude, and one finger to pass by it; excepting this opening, the whole brim was completely shut up. It was very hard. As it was impossible to deliver by the natural passages, Dr. Hicks performed Cæsarean section, aided by Drs. Bush, Shears, and Frodsham. The principal difficulty arose from hæmorrhage, a very large sinus having been divided, which bled so profusely as to require a suture to be passed beneath it on either side. The seat of the placenta also bled inordinately, requiring the use of the liquor of perchloride of iron. The sutures which compressed the sinus were carried through the parietes, whereby both were brought into contact, thus preventing any escape of the uterine contents into the peritoneum. No further bleeding took place. There had been much vomiting during pregnancy, and this continued next day, but on the second day it much diminished. The third day it was moderate. The beginning of the fourth day she sank from peritonitis. The child was born alive, but soon died. Chloroform was administered. The patient had been in slow labour some time, and the amnial fluid had been draining away probably for weeks.

Mr. CURGENVEN exhibited a Genealogical Chart, illustrating the extreme hereditary tendency which existed, in a family with which he was acquainted, to the production of twins.

Dr. MEADOWS related a case of Procidentia Uteri, with considerable *allongement* of the cervix, which occurred in a young unmarried woman, nineteen years of age, and in whom he performed the operation of amputation of the cervix. The procidentia had existed for about a year, and came on as the result of lifting heavy weights. Various means were tried to keep the uterus in its proper position, but without success, the failure being due partly to the elongation of the uterus, and partly to the fact that there was little or no perineum to support the organ. Finally, it was decided to amputate a part of the cervix, which was done with the single-wire écraseur. Rather more than the usual amount of pain was experienced, and there was a short but somewhat smart attack of febrile disturbance after the operation, which lasted for about two days. The next day it was observed that the patient could not retain her urine; and, on making an examination a few days after, it was found that a portion of the bladder had been removed with the cervix. On examining the specimen, it was then discovered that not only had this occurred, but that a portion of the peritoneum from Douglas's pouch had also been removed; so that, in fact, the peritoneal cavity had been laid open. Strange to say, the symptoms resulting from the latter occurrence were exceedingly slight, and only lasted for a day or two. A few weeks afterwards Dr. Meadows closed the opening in the bladder, which was a large one, and the patient recovered without any further bad symptoms. Dr. Meadows brought this case before the Society as a warning to others, and as illustrating one of the dangers of this operation, which, he stated, was not noticed in any work on uterine surgery, except that of Dr. Marion Sims, who had himself met with a similar accident, and who also referred to another case which occurred in the practice of an eminent accoucheur in New York.

Mr. SPENCER WELLS said that a chain or wire might be properly applied, but when it was tightened, lax tissues beyond the part first constricted might be drawn within its grasp, if this was not prevented by pins passed beyond the site of constriction, or by some kind of shield. Possibly the accident described by Dr. Meadows so honourably and usefully, might be so explained.

Dr. BRAXTON HICKS considered the Society should be proud to contain a Fellow so candid. He had himself, in the removal of a malignant cervix, invaded the posterior pouch of the peritoneum; but the case did well. He thought the accident could always be avoided by pushing up the uterus as high as possible; if no prolongation of the cervix remained, he considered it needless to operate. If any great length remained, then it could be removed without danger of including either bladder or peritoneum.

Dr. ROGERS eulogised the courage and honourable spirit which had induced Dr. Meadows to bring before the Society the history of this accident. He (Dr. Rogers) could not think that when once the wire was fixed around the cervix, any tissue that had not been previously within its circlet could be drawn in during the operation, and cut away. A careful exploration by the sound in the bladder would have shown how low down on the cervix the bladder was attached, and then this unfortunate accident would have been prevented.

Dr. PROTHEROE SMITH, whilst expressing his admiration of the candour of his colleague in bringing this case before the Society, would remark, what all who were in the habit of performing this operation must have noticed, that the resistance of the tissues to the action of the instrument was very considerable. And this resistance he believed chiefly to arise from the mucous membrane and its connecting tissue. He would therefore advocate the plan, which he had adopted on several occasions, of cutting through the mucous membrane before using the écraseur. In this way, too, there was less risk of drawing adjacent parts within the grasp of the wire. He believed that this plan had been also usefully adopted in operating on hæmorrhoids.

Dr. GERVIS could hardly assent to Dr. Protheroe Smith's view that the mucous membrane offered the chief obstacle to amputation of the cervix. In cases in which he (Dr. Gervis) had miscalculated the density of the cervix, and used a wire or rope of insufficient strength, it had happened that before the operation was complete the wire had snapped; but in these cases the mucous membrane had always been cut through, and the obstacle which had proved too great for the wire had been the compressed inner tissue of the cervix itself; and the same held good in cases of removal of large polypi.

Dr. ROGERS wished to remark, on the suggestion of dissecting up the bladder from the cervix before the wire was applied, that he had performed this dissection on the dead body, and found the difficulties and danger from hæmorrhage would be so great, that he had not ventured to perform it on the living subject.

Dr. PROTHEROE SMITH, in reply to Dr. Gervis, could but say that his experience led him to the opposite conclusion, and that he had observed that the mucous membrane of the

cervix was that which was most resistant and tough. In reply to Dr. Rogers, he begged to state that he did not dissect up the mucous membrane from its connexion with the bladder. He simply cut through the membrane around the cervix, about an inch above the os.

(To be concluded.)

Reviews and Notices of Books.

A Practical Treatise on Perimetritis and Parametritis. By J. MATTHEWS DUNCAN, Clinical Lecturer on the Diseases of Women in the Royal Infirmary. Edinburgh: Adam and Charles Black. 1869.

THE appearance of a new book on Acute Inflammations of the Uterus, by a respected obstetrician of the Edinburgh school, Dr. Matthews Duncan, directs the attention of the profession afresh to a class of cases of great importance in practice, and the better elucidation of which in our own time has raised the character of obstetric medicine.

He propounds a theory as to the causes of uterine inflammations which is very important, provided that further observation shall show it to be true; but it cannot yet be said to be proved. He divides these inflammations into two principal classes: *Perimetritis*—inflammation of the uterine peritoneum; and *Parametritis*—inflammation of the cellular tissue in connexion with the uterus. We need scarcely say that he excludes from his consideration cases in which there are evidences of blood-poisoning or grave nervous symptoms. Dr. Duncan believes that we have advanced but a very little way yet to a clear understanding of the exact pathology of the uterine inflammations of which he treats. He holds some very definite opinions about them; but even these he seems to indicate are not yet placed beyond doubt. There is one point, however, on which, as we have stated, he emits no uncertain sound; and as it is an essential feature of his pathology, and a point of practical importance, we give it prominence. Dr. Duncan thinks that the starting-point of these pelvic inflammations is the mucous membrane. In his chapter on the causes of them, at pages 32 and 33, he says:

"The theory on which I insist is that these inflammations are all secondary; that they are produced by inflammation of the uterus, or of the tubes, or of the ovaries, or by noxious discharges through or from the tubes and the ovaries, or by mechanical injury. Without one or other of these causes, this inflammation and abscess is not observed. Of all the prolific causes, inflammation of the mucous membrane of the womb is, in my opinion, the most common; and this both in the puerperal and non-puerperal states."

According to Dr. Duncan, perimetritis and parametritis are never idiopathic or primary. Their causes are either—mechanical injury; uterine, tubal, or ovarian disease—*almost always of inflammatory nature*, sometimes malignant, sometimes tubular; or noxious discharges through or from the tubes or ovaries. He repudiates the idea of these inflammations being caused by cold or suppression of milk, or other more recondite influences.

Though Dr. Duncan sees in the general tendency of pathology an agreement with his fundamental views, he maintains that these have always been his opinions, and that he has not derived them from anyone.

Dr. Duncan does not appear to overstate the tendency of pathologists to associate serious puerperal disease with the condition of the internal surface of the uterus. Klob, speaking of puerperal affections of the uterus, says: "Before proceeding further, I must unconditionally agree with Kiwisch and Buhl, that in all puerperal diseases the inner surface of the uterus is first affected, and that all subsequent affections derive their origin from puerperal metritis or endometritis, and are dependent directly or indirectly on them."

We could wish that Dr. Duncan had furnished a larger and more convincing clinical illustration of the proposition which he so confidently states, and had given us a chapter on the indications of the inflammatory conditions of the mucous membrane of the uterus, which he thinks not only by far the most common kind of uterine disease, but also the most common cause of parametritis and perimetritis. There are some valuable and discriminating observations in this book on the signs of perimetritis and parametritis, and on the symptomatology; but they refer almost exclusively to the secondary affections, and not to the primary endometritis, to which Dr. Duncan attaches such importance in the causation of these. He thinks that suppuration happens in parametritic inflammation much more frequently than in half the cases, which was Sir James Simpson's estimate. By the way, we think a disposition is manifested in Dr. Duncan's book to underrate the importance of Simpson's labours in this department.

We write mainly for practitioners, who will be anxious to know if Dr. Duncan has anything at once new and true to propose in the treatment of the diseases which he has evidently studied so closely. We must confess that this part of his book disappoints us; it consists of little more than well-worn complaints of the inefficiency of the old antiphlogistic treatment, and truisms concerning the soothing effects of poultices. He gives his patients, in the acute stage, mercury to very slight ptyalism, not because "he has any great confidence in it, but that they may have every possible benefit treatment can give them." It sometimes seems to us that the antiphlogistic use of mercury lingers in the obstetric region of practice. Really some better case should be made out for continuing it than appears in Dr. Duncan's pages. And let us say one word of surprise that opium, as an antiphlogistic, is not mentioned by Dr. Duncan, excepting in connexion with mercury. In it, alone, or in the form of Dover's powder, in grain-doses, more or less frequently repeated, it appears to us we have a means of relief, if not of cure, which, in the present state of therapeutics, should supersede the very doubtful use of mercury, especially if associated with a wise administration of nourishment and local measures of a soothing and cleansing character.

A Manual on the Mechanical Treatment of Club-Foot and other Deformities of the Lower Extremities. By T. P. SALT, of Birmingham. London: Churchill and Sons.

IN strict justice, perhaps, to the author of this work, we ought to have noticed it before that by Mr. Heather Bigg, for it was first received by us. We trust, however, that our inadvertence will in no way diminish the value of our commendations. Mr. Salt's manual is a very good one. It contains upwards of one hundred illustrations, some of which are partly coloured, and others consist of litho-photographs; and the descriptive letter-press is very well done. The construction of all the mechanical apparatus employed, whether of English or foreign invention, will be found to be accurately described or delineated. It is dedicated, by permission, to Dr. Little, the founder of the Royal Orthopædic Hospital.

The Chemical Changes of Carbon. By WM. ODLING, M.B., F.R.S., Fullerian Professor of Chemistry, Royal Institution. pp. 162. London: Longmans and Co. 1869.

THIS little work comprises the series of six lectures delivered before a juvenile auditory at the Royal Institution during the Christmas holidays of 1868-69, and reprinted,

with notes by Mr. Crookes, F.R.S., from the *Chemical News*. The work contains all that can be said upon such a subject capable of being comprehended by young persons, and is written in a remarkably clear style, as might have been expected. Mr. Crookes justly observes, that the chemistry of carbon includes the chemical history of all animal and vegetable substances; and the importance, therefore, to beginners in chemistry, of the subject discussed by Dr. Odling, cannot be overrated. We commend the work for general use by all young persons who are learning chemistry.

BRIGHTON DRAINAGE.

THE victory is won. Slowly, step by step, after a fight of seven years, prejudice and ignorance have given way. Brighton sewage is no longer to be cast into the sea frontage. The Town Council have resolved to take immediate steps to carry the sewage to a distance from the town, to employ a competent engineer to advise them as to the best course to pursue, and to report proceedings to a future meeting. This resolution is the immediate result of the important conference between the representatives of the public meeting lately held at the Grand Hotel and the General Purposes Committee, which is composed of ex-mayors and chairmen of other committees—that is, of the *élite* of the governing body. So recommended, the resolution was very fully discussed. All the old arguments were made use of, and the Report of Dr. Letheby was played as an important card in vain. It appears that, on the representation of the *Brighton Observer*, we have done that gentleman an injustice in stating that he had already expressed an opinion as to the purity of the sea-water. For this we offer our apology, and the more gladly as it appears, upon the authority of one of the speakers, that Dr. Letheby expressed an opinion to Dr. Douglas Fox three years ago, in his presence, "that the sea frontage was the very last place they ought to drain into." Of course, the usual misstatements were made. One gentleman described the sewer outlet as "a little bubbling of dirty water, discoloured by Coombe rock and chalk, which could not be detected fifty yards away, and that, after the sewage had been penned up six hours, the discoloration lasted but a few minutes." Yet this very discoloration was watched by another member of the Council from the Chain Pier, and was at that distance seen distinctly for thirty-five minutes. It is worthy of remark that no attempt was made to deny the statement of one speaker, that at the present moment not more than one-twentieth of the houses at Brighton are drained into the present outfall; and if so, it is obvious that when the whole of the habitations of the town become thus drained, the stream of sewage will be as great in one hour as it would be if the sewage of twenty hours were pent up now. Great exception was made as to the time of taking the samples of water for analysis; indeed, it is waste of time to show how difficult it would be to obtain specimens which really bear upon the subject. After all, this question of dilution must be, to a large extent, a matter of opinion and of taste. In the absence of direct evidence of sewage contamination, which, we believe, might easily be had, the following argument is extremely *apropos*. The county journal says:—

"The position in which Brighton is at present placed reminds us very much of the dilemma in which a brewer would find himself should it become known that a man had been drowned in one of his vats. The brewer might assure the public that the man was not in the vat more than ten minutes, and some great professor of chemistry might make a hundred analyses of the contents and publish to the world that the beer did not taste of the man in the slightest degree; nevertheless, the people would shake their heads—there would be a suspicion, a prejudice, against that brewing, and a considerable sacrifice would have to be made before the prejudice could be removed."

After a debate of nearly three hours, a division was called for, and the numbers were found to be equally divided. The Mayor said he felt that he had a duty to perform to the town. Rightly or wrongly, the present system of drainage failed to satisfy the public, and was undoubtedly the cause of great injury to the town. His vote, therefore, would be in favour of the resolution. The inhabitants of Brighton owe a deep debt of gratitude to this gentleman for his firm expression of opinion. He has saved the reputation of the town and obviated the necessity for any further agitation upon a question which the more it is stirred the greater the injury will be.

THE BARRACK ROOM AT BUCKINGHAM PALACE.

IT is a severe tax upon our patience to comment upon the antagonism so frequently displayed between the various departments of the Government, whenever an object, required for the public good, demands a certain amount of yielding on the part of either, and mutual support. The War Office authorities deserve credit for their prompt endeavour to alleviate the condition of the soldiers who, in the barrack room of Buckingham Palace, have been compelled to sacrifice their health and comfort, if not their lives, to the exigencies of architectural effect. The evils, when pointed out in these columns, were fully acknowledged, and immediate steps were taken to effect the necessary improvements. Plans were drawn and approved of, and the expense having been included in the estimates, Parliamentary sanction was obtained for the course proposed. In place of the six miserable holes, most improperly termed windows, since they let in no light whatever, six others, each one nearly six feet square, and opening top and bottom, were put in. The internal aspect of the barrack room became light and cheerful, and the sanitary condition infinitely improved. No sooner, however, was the improvement carried out, than down comes the Surveyor of the Board of Works, an authority apparently endowed with such imperial powers as to be able to extinguish the Engineers, the War Minister, the Commander-in-Chief, and even Parliament itself. What cares the Board of Works for the soldier's health and comfort? Is not the stone-work of the palace sacred? Where is the power that dares to touch a brick, and impair the consistency and beauty of their charge? And so the order is issued peremptorily for undoing all that has been done. Workmen are now in the act of removing the windows which have lately been put in, and those which give no light are being replaced. If need be, we are ready to argue that the health of the soldiers stands in importance before absolute architectural consistency; but in fact there is no such need. Windows are not unfrequently placed in the very position occupied by those which were put in; and every reasonable offer was made to obviate objections. It was proposed to fasten down the bottom sash, and to obscure the lower panes of glass, in order to prevent the prisoners—for such, in fact, they are—from looking out. But all in vain. Architectural congruity is inexorable down to the smallest detail. A blank wall behind those columns there must and shall be, and the soldiers may do as they can. We make a final effort, and call upon Parliament either to insist that its own orders shall be duly carried out, or to provide accommodation for the men elsewhere.

THE Annual Dinner of the Liverpool Medical Society was held last week, under the presidency of Dr. Macnaught, and there was a large gathering of the profession on the occasion. Dr. Steele, the treasurer, gave an account of the progress of the Society, which appears to be in a most prosperous condition.

THE LANCET.

LONDON: SATURDAY, JUNE 5, 1869.

IT is pleasant to follow, even humbly and at a distance, in the path marked out by statesmen and legislators; and hence it is with feelings of some satisfaction that we announce the discovery of an Irish Grievance, and, moreover, of one that imperatively calls for redress. Incredible as it may appear, hospital appointments in Ireland (many, at least, if not all) are actually sold; the money paid for them being, it is said, either divided between the retiring officer (or his representatives) and the remaining members of the staff, or applied to the general purposes of the charity. Merit and ability not only have not a fair chance, but, unless backed by the necessary purchase-money, have absolutely no chance at all. As a case in point, we should be glad to know how it was that the immediate successor to a teacher of European celebrity attained his position. His warmest admirers would scarcely declare that his election was the reward of merit or the recognition of professional ability. It seems still more incredible that the sale of hospital appointments has its defenders, even in high places—defenders not actuated by the rat-in-a-corner courage of detected jobbery, but, in all other things, sincerely desirous to promote the honour of their calling, and, in this instance, seeming to believe in the arguments they advance. They say that there is no test of "merit"; and that the governors of hospitals cannot judge of it. They say that an hospital officer can only make his position remunerative by earnest professional work; and that a candidate can give no better evidence of his determination to do this work than by investing largely in the purchase of the opportunity. Now, in the first place, it is perfectly manifest that an hospital appointment is often extremely lucrative to a man of plausible address, who never does any scientific work at all. His office is regarded by the public as a proof of his skill, and he wears his spurs without having been required to win them. In the next place, we have a proverb that "a fool and his money are soon parted;" and we confess that the purchase of an hospital appointment, although it may prove the self-confidence of the purchaser, does not appear to us to raise the presumption of his sagacity. It is plain that in Ireland the predominance of an evil custom has warped the intellects of those who have grown up under its shadow. The way to look at the question is to ask how such an arrangement would be regarded, if it were now proposed for the first time. There are great hospitals, furnished with every appliance for the cure of disease and the relief of suffering, and furnishing the sole refuge of the poor when stricken down by severe, or unusual, or prolonged, or dangerous disease. Let it be proposed, for the first time, that in the selection of the men to use these appliances, and to render them available for their intended purposes, money should be the sole test employed: that bank-notes should be evidence of proficiency in anatomy, and a cheque a certificate of surgical dexterity. Everyone, rich and poor alike, would shrink instinctively from such a notion. If it were carried out, the rich would withhold their contributions, and the poor would suffer in their homes rather than come under the tender mercies of practitioners who had bought the right to treat them. We earnestly exhort our brethren in Dublin to reform themselves in this matter; and to wipe away what all impartial men must regard as a blot on their escutcheon. If the principle of self-government has broken down so lamentably in Dublin that good and able men have no chance of being elected to hospital appointments; if the subscribers to hospitals, in whom the power rests, from want of education or capacity, are incompetent to recognise the claims and to secure the services of men of high professional attainments; and if the ordinary dictates of humanity prevent the rich and educated from protecting the interests of poor and needy patients from, it may be, monied imbecility, it is, no doubt, a very lamentable condition of things; but it is, and can be, no justification of the course apparently in force in Dublin. It would be a thousand times better for the Government to take the matter out of the hands of the subscribers altogether, and to make its own hospital appointments, rather than that these should become diverted from their original purpose, and become the bantlings of an open and avowed plutocracy. The Government intends to devote a portion of the revenues of the Irish Church to the support of hospitals, and will, we trust, frame stringent rules to secure that, in those assisted, this disgraceful sale of offices shall be abandoned. We should like to see the French system of appointment introduced; but, failing that, our own is at least better than that which we condemn.

Having said thus much, it is right that we should look at home. There is one sense in which office in a provincial hospital is often sold; since the private practice of the holder will fetch a higher price, in consideration of the power that he or his family will possess to influence by persuasion the choice of the governors. This is objectionable; but it cannot be prevented; and, after all, it is only paying for a chance. Frequently enough the purchaser is defeated, and the governors exercise an independent choice. In London, although efforts at persuasion are directed by various motives, social and personal, we believe that direct pecuniary corruption is unknown, or at least extremely rare. At University College there is a rule that any pecuniary arrangement with a predecessor in office, at whatever time brought to light, would annul the appointment of the officer against whom it was proved. The rule is valuable as a protest against a possible abuse, and as an authoritative standard of right. We cannot but feel that it might with very great advantage be adopted on the western side of St. George's Channel.

THE introduction of Mr. GOSCHEN'S Bill for amending the Poor Law in the Metropolis is an event of more significance than might be gathered from a hasty consideration of what the measure proposes immediately to effect. It is hardly necessary to recapitulate the familiar facts of the

last few years' agitation on the subject of Poor-law reform. Suffice it to mention, that the Workhouse Reports of THE LANCET, in 1865, were made the basis of action by the Workhouse Infirmaries Association, which, by its powerful influence in Parliament and in the country generally, compelled the Conservative Ministry of 1867 to bring in a Metropolitan Poor Bill, providing for important changes in the manner of dealing with the sick in London workhouses; that, from one cause and another, the total cost of the arrangements for securing these improvements has greatly exceeded Mr. GATHORNE HARDY'S original estimate; and that thereupon a widespread agitation against the whole scheme has arisen among the ratepayers and guardians of the London parishes. It is under these difficult circumstances that Mr. GOSCHEN finds himself obliged to bring forward some measure which, without permitting Parliament to stultify itself by receding from its strongly expressed determination to put an end to the cruelly inefficient treatment of sick and other helpless paupers, shall, if possible, diminish the burdens which must be laid upon the ratepayers.

We shall not by any means commit ourselves to an unreserved approval of Mr. GOSCHEN'S Bill, which will require very careful consideration in detail, and is only too certain to receive plenty of hostile criticism in the House. But we may say that, in its main features, this measure embodies a principle of Poor-law reform that is far more in accord with our own views than was the principle of Mr. HARDY'S Act, which it is intended to amend. Mr. HARDY'S Act was expressly and intentionally limited in its operation to the case of sick persons, lunatics, and young children; Mr. GOSCHEN'S measure is based on the conviction that it is hopeless to deal successfully with these classes of paupers apart from a rearrangement and reclassification of the whole mass of London pauperism. At this conviction we had long ago arrived; and we may here recall certain facts which are not generally known to the public, but are important as explaining the paternity of Mr. HARDY'S Bill, which was based on what we think to be an erroneous view of the matter. In the early meetings of the Workhouse Infirmary Association, two of our workhouse commissioners insisted strongly that a satisfactory reform of the management of the sick paupers of London could only be effected by dealing with London pauperism *of all kinds*, and by a general rearrangement of all the union properties, on the basis of a general equalisation of the metropolitan rates. This opinion was unfortunately overruled by the predominant influence of the noble chairman of the Association, who afterwards entered the Conservative cabinet which brought forward the Metropolitan Poor Bill of 1867, and the influence of the Association was directed to procuring parliamentary interference in favour of the sick only. The course of events has fully justified the fears which we entertained at the time. In Mr. HARDY'S Act, the laudable object of improving the condition of the sick paupers was sought to be attained by means of a machinery which necessarily proved clumsy in its operation, because the ground had not been sufficiently cleared for its action by preliminary simplification of the complex divisions of London parish property and the heterogeneous classification of London pauperism. It is the merit of Mr. GOSCHEN'S scheme that, so far as it goes, it is a return to the broader and more statesmanlike view of the questions involved in metropolitan pauperism. Its defect is that it does not go nearly far enough. But it seems clear from Mr. GOSCHEN'S speech, together with the commentary on it which is furnished by his letter to *The Times* of Monday last, that he retains unshaken that faith in the ultimate necessity of a general equalisation of metropolitan rates which he expressed before he entered the existing Government; and that he regards his present measure as only a step towards that desirable end.

The essence of the Bill is the principle of amalgamation of parishes, with new and careful classification of the different kinds of pauperism within the enlarged areas. The power of amalgamation is to be given absolutely to the Poor-law Board; and Mr. GOSCHEN shows conclusively how necessary it is that this measure of centralisation should be adopted, by instancing the senseless opposition of the West London guardians to amalgamation with the other City unions, though that proceeding would effect a reduction of 2*s.* in the pound in the West London rates. It is superfluous to insist on the probability, or rather certainty, that a large economy in every item of expenditure might be effected by this kind of concentration. The same principle is to be extended to the sick-asylum districts already created by Mr. HARDY'S Act, with the result, Mr. GOSCHEN hopes, of a consolidation and reclassification which will allow of the suppression of the proposed infirmaries in two of those districts. By these measures, by a similar amalgamation of school districts, and by the suppression of one of the three fever hospitals originally proposed, he expects to reduce the total bill of costs from £1,400,000 to less than £1,000,000. Even this is immensely above the original estimates; but Mr. GOSCHEN states that the calamitous events of the last two or three years have increased metropolitan pauperism by one-half, and that in this way, and by the unexpected dearness of sites for buildings and the increased cost of building operations, the difference may be fully accounted for. And he asserts that in the actual corrected estimates for buildings for sick, lunatics, small-pox cases, &c., there was no extravagance, but a very commendable economy. For our own part, we rather doubt the complete accuracy of the latter statement. Of course there has been a great deal of ridiculous and ignorant exaggeration in the cry of extravagance raised by the guardians and ratepayers. But we doubt whether it is quite true that £150 per hospital bed need have been expended, although we are not in the least surprised to hear that a body so unfit to decide such questions as the Central Asylum Board must necessarily be, should have been unable to reduce the expense below this point.

Upon two points there is no doubt that Mr. GOSCHEN will meet with strenuous opposition. Upon the policy of abandoning Mr. HARDY'S dispensary scheme he will be met, we understand, with a direct denial of the statement (which he must surely have gathered from the permanent officials of the Poor-law Board) that the medical officers of the metropolis are opposed to the system. In regard to Clause 3 of the Bill, which introduces a uniform principle of assess-

ment, he himself stated that he knew he should meet with strong resistance; but, for our own part, we consider this step to be so essential that we trust it will not even be postponed till next year. We hope that he will stick to his colours, and show that he knows how to adhere inflexibly to the leading principle, that Poor-law reform, to be sound, must be comprehensive, and not a mere patchwork compromise, devised to suit the prejudices of the ignorant and selfish party among the guardians.

THE profession will have learned with regret, rather than surprise, that the Government declines this session to entertain the question of an amendment of the Medical Act. The ministers seem to have an unbounded opinion of "next session" for the purpose of introducing comprehensive measures on all sorts of subjects. However, they have a great work on hand this session, and their excuse is not quite unreasonable. We shall give them credit for sincerity, and live in hope of a measure next year from the Lord President of the Council or the Home Secretary, which will satisfactorily amend the Medical Act: that is, draw a more palpable distinction between qualified medical men and quacks; make all false pretensions to medical qualification more distinctly criminal than at present; and make the Council more representative of the medical profession.

As the Government has relieved itself of the subject, rightly or wrongly, for this session, the Council may perhaps think that it may do the same. It is just one of those subjects in regard to which the Council would find it convenient to act upon Lord MELBOURNE's principle: "Can't you leave it alone?" But we hope the members of the Council will think twice before they resolve to leave the amendment of the Medical Act, as far as they are concerned, just where it is. They well know that their amended Bill leaves unrecognised the general demand of the profession for some better representation of the great body of practitioners at the board of the Council. If they obstinately refuse to consider this outside feeling, and continue to regard the Council as altogether perfect and satisfactory, they will be open to the charge of indefinitely postponing the amendment of the Medical Act. The Government has already received intimation of the defects in the composition of the Council, and the Home Secretary declared that the representations made to him were very important. Let us imagine that the Council refuses to reconsider its vote of last year on Dr. ANDREW WOOD's motion, and to entertain all alternative proposals for a representation of the profession: then, supposing the Government to want to know the mind of the Council on the subject in the early part of next year, the then president will be unprepared to speak satisfactorily on the matter, and the consequence may be delay, or an unseemly difference between the Council and those who represent the profession. We therefore hope that at its approaching meeting the Council will reconsider this matter.

The subject which will most seriously tax the time and even the character of the Council is that of Medical Education, arising as it will out of the Report of the Committee on Education, appointed at last meeting on the motion of Mr. SYME. We cannot forbear one word of profound regret that in this discussion Mr. SYME will be conspicuous by his absence. We can only hope that a teacher of such great success and long experience will be able to contribute his views on this subject. The Committee, we believe, have accumulated a large amount of important information and testimony from upwards of a hundred of the most distinguished teachers in the empire. This evidence will form an appendix to the Report, and will be so valuable, let us hope, as to reconcile us to little diminution for the year of the heavy printing expenses of the Council. The appendix will also contain some account of the systems of medical teaching which obtain on the Continent. The draft Report of the Committee will, no doubt, be circulated among the members of the Council prior to the time of meeting. We trust they will come up with matured views, and that the business of the meeting will be arranged with due regard to the value of time. It is another argument for some reconsideration of the amendment of the Medical Act that the Council has really very deficient power with which to enforce any change in medical education, the necessity for which may appear from the Report of its Committee.

Another Report of importance will be that of Dr. ACLAND's Committee on State Medicine. The profession will be curious to know whether or not we are to have two kinds of doctors created—State doctors and private doctors; doctors who are to consider health exclusively, and doctors who are to know nothing of anything but disease. Let us hope that the Council, on this matter, will avoid creating an obnoxious specialism, and content itself with giving a just place in general education to a study of hygiene.

One monstrous anomaly will again take up the precious time of the Council—viz., the fact that neither in Scotland nor in England can medical practitioners sign lunacy certificates that are legal in the other country. Such a disability is too absurd to be discussed; and, if it cannot be removed without an Act of Parliament, had better be patiently borne with till the Act be obtained.

THE new candidates for the Council of the College of Surgeons have now, *seriatim*, announced the views they entertain (Mr. ERICHSEN's letter appearing in our present issue), and it will be for the Fellows, in less than four weeks, to elect those in whom they have confidence.

Mr. JOHN GAY again presents himself to the electors, and has certainly no need to be ashamed of his position in the race last year, since he was but a few votes behind the winners. His programme of reform includes those points which we have urged upon the Council as absolutely necessary reforms: the publication of its *entire* proceedings; a remodeling of the Court of Examiners; vote by proxy for country Fellows; and periodical meetings of the whole College, to receive the report of its Council, and to express the opinion of its Fellows and Members on matters of College policy. Mr. GAY, though surgeon to a metropolitan hospital, is not connected with a medical school; so much the more likely is he to be unbound by the prejudices of cliques and by sympathy with obstruction.

Mr. HENRY LEE is a senior Fellow by examination, and is surgeon to St. George's Hospital, which at present has only

one of its staff on the Council. He puts forward an excellent summary of his views, which coincide, in the main, with those of Mr. GAY; and we are not surprised to see that, in addition, he urges the selection of the President irrespectively of the Examinership, since it must be well known to him that Sir B. BRODIE was passed over when his second turn came round, because he had shortly before felt it his duty to retire from the Board of Examiners in favour of younger men. "That students should be examined on the subjects they are taught, and taught those things upon which they are examined," may at first sight appear a truism; but unfortunately at the present moment the Examiners do not keep pace with the teachers, and science accordingly makes but slow progress. If Mr. LEE would read "taught those things upon which they *ought to be* examined," he would reduce to a very handy formula the relation between examiners, teachers, and pupils.

In Mr. ERICHSEN we have a surgeon and teacher of the first rank, and the author of the standard work on Surgery both in this and other countries. It is only a matter of surprise to us that Mr. ERICHSEN has not been brought forward earlier; but, with characteristic modesty, he preferred, we understand, to wait the approach of his turn in seniority. The able and elaborate statement of views contained in his letter (which will be found at p. 797) shows that he fully appreciates the duties and responsibilities of the office which he seeks at the hands of the electors, and the experience he has had both as a teacher and as an examiner in Surgery at the College of Physicians and the University of London cannot fail to make his views on medical education most valuable and trustworthy. We are glad to see that Mr. ERICHSEN takes up the question of the representation of the Fellows and Members of the College in the General Medical Council, and we look forward to his election as a great accession of strength to the reformers in the College.

We are informed, though indirectly, that Mr. ERASMUS WILSON intends to present himself, for the *fourth* time, on the present occasion; and we regret to hear it. Whatever may be that gentleman's private worth and public success, it is, we think, most unusual, to say the least of it, for an unsuccessful candidate thus persistently to force himself on the notice of the electors. Mr. WILSON has himself complicated his position by his liberal donation to the College of Surgeons; for whilst the appointment of the first Professor of Dermatology is still unmade by the Council, it appears to us most unseemly for a gentleman who is himself a probable candidate for the chair to be seeking admission into the body in whose hands the appointment rests. Mr. WILSON does not appear to have the most judicious advisers in the world, but at least they might urge a more dignified line of conduct than that upon which we are obliged reluctantly to comment.

Mr. MACKMURDO has, we understand, informed the authorities of the College of Surgeons that he does not propose to put himself forward for re-election, and we take this opportunity of congratulating him upon his dignified retirement.

DR. LANKESTER'S annual report on the duties of Coroner in the Central District of Middlesex will be read at the Social Science Association on Monday, the 28th inst.

Medical Annotations.

"Ne quid nimis."

THE ROYAL SOCIETY OF MEDICINE.

THE last special meeting of the Royal Medical and Chirurgical Society for the discussion of the amalgamation scheme was but thinly attended, and the debate was brief. The remaining clauses of the scheme were duly passed, the only one which excited any serious discussion being that which proposes the formation of a class of "Associates of the Royal Society of Medicine," who, on the payment of an annual guinea, should have the privileges appertaining to a membership of one section only. It was argued that another class of Fellows of the Society would be objectionable, under whatever name they were classified; but the proposition was carried by a majority as a means of affording the present members of a single society the same privileges for their subscription which they now enjoy.

The clause authorising each section to deal *proprio motu* with one-half of its income was amended, after some debate, by the addition of the words "or such other proportion as may hereafter be agreed upon." It is evident to us that the compliance of the existing societies, and the future prosperity of the sections, must eventually turn, as Dr. Greenhow pointed out in the first discussion which took place, upon the financial position of the sections. The idea that individual Fellows of the future Society will save anything by the amalgamation appears to be a chimera; for it is evident that admission cannot be obtained to all the sections of the Royal Society of Medicine under four, or probably five, guineas. Now, at the present moment, a Fellow of the Medico-Chirurgical Society subscribes three guineas, and may join any other of the societies at a guinea apiece; but then the whole of his guinea goes to that individual society. Under the proposed arrangement, the composition-fee must necessarily be divided among six or seven sections; and it stands to reason that each will get less, although the Fellow will be entitled to receive all their "Transactions," and to attend all their meetings. To those few members of the profession whose great delight it is to spend their evenings in "societies," the attraction of seven sections will, no doubt, be irresistible; but to more ordinary mortals three sections would, we imagine, be quite the extent to which their scientific zeal would reach, and we fancy they will wish their guineas to be devoted to the purposes of the sections which they themselves patronise.

STATE MEDICINE AND THE ROYAL SANITARY COMMISSION.

THE Joint Committee of the British Medical and Social Science Associations have arranged and issued a Schedule of Questions which, in their opinion, ought to be included in, or rather, we imagine, solved by, the inquiry of the Royal Sanitary Commission now sitting. The Joint Committee adhere to their deliberate and very decided opinion that no inquiry can in any sense be satisfactory or conclusive which does not embrace the entire subject, and the whole of the United Kingdom; and the schedule they have framed is intended to elicit the necessary details, the knowledge of which is essential for the final and comprehensive settlement of the imperial question of State Medicine. The Joint Committee consider it important that the inquiry of the Commission should have special reference to the agency required for giving effect to the laws relating to health, because they are persuaded that in no other way can the requisite information be obtained, and the mutual bearings

of the different branches of the subject be so readily and so thoroughly investigated. They also affirm that no consolidation or amendment of the existing statutes will be of much avail which does not provide an efficient machinery, both central and local, for the execution of the law in rural as well as urban districts. We are unable to give the lengthy details in the Schedule of Questions, and can only indicate the main points upon which it is thought that information should be specially acquired. The first is under the head of—(*a*) Locality, with reference to the Act or Acts under which the local authority is constituted, with the population and the mortality. The next heading is—(*b*) Officer of health, and the queries relative to the existence or non-existence of such an officer, his duties, his reports, &c. Then we have—(*c*) Health officers under the Artisans and Labourers' Dwellings Act, 1868; and (*d*) Sanitary inspectors, with interrogatories relative to their number and duties. Similar questions are put in reference to—(*e*) Inspectors of ports, emigrant depôts, shipping, and rivers; (*f*) Inspectors of nuisances; (*g*) Inspectors of lodging-houses and cottages; (*h*) Inspectors of factories, workshops, and mines; (*i*) Inspectors of food, markets, bakehouses; (*k*) Public analysts. Next come queries relating to—(*l*) Registration of births; (*m*) The investigation of causes of sickness—as, for instance, the effects of overcrowding of dwellings, schools, &c., defective drainage and water-supply, exposure to contagion, intramural burials, retention of the dead in crowded apartments, want of mortuaries &c., and the measures taken towards the abatement of these evils; (*n*) Record of cases of sickness; and lastly, (*o*) The investigation into the causes of death, especially in reference to coroners' inquests.

THE DEBATE ON LYING-IN HOSPITALS AT DUBLIN.

A PAPER, of which Dr. Evory Kennedy, a late Master of the Rotunda Lying-in Hospital, is the author, has lately been read before the Obstetrical Society of that city, and has excited an unusual amount of attention. The subject, if not new, is one of vast importance—namely, the comparative safety, and therefore the utility, of out-door maternities, small lying-in hospitals, and large hospitals respectively. Speaking of the Dublin lying-in hospitals generally, Dr. Kennedy says that out of every eighteen deaths in parturition that have occurred in them for the last seven years, fifteen women would, in all human probability, have been at this moment alive had they been confined in their own homes or in isolated cottage hospitals. In addition to the metria of an epidemic or contagious character, Dr. Kennedy appears to contend strongly for what may be termed a self-generating source of the disease from overcrowding. The intimate relation between zymotic metria and the conditions present in large lying-in institutions has been so forcibly dwelt upon that Dr. Kennedy may be said to have drawn up a terrible bill of indictment against all lying-in hospitals except the very small ones. Dublin has always occupied a foremost rank among the schools of midwifery. It contains some large hospitals devoted to this class of patients, and its obstetric physicians have very naturally obtained the attention which their experience and ability commanded. Dr. Kennedy's paper, as might have been anticipated, has been the subject of very animated and prolonged debates, in which all the more important physicians of Dublin have taken part. The addresses of Drs. Johnston, Atthill, T. More Madden, Kidd, Churchill, M'Clintock, and Denham, for example, are contained in the proofs before us; and we have since learned that Dr. Beatty, Dr. Stokes, and others have spoken. The debate having been so extended, we venture to hope that some member of the Society will move for a committee to furnish a report on the whole discussion. We had prepared an article in which we entered on a consideration of the entire subject, but we must defer its publication until the termination of the debate; although we fear it will have then become threadbare, for we perceive that any of the few remaining points which we might have hoped to advance are being one after another seized upon. In the meantime we may say, however, that Dr. Kennedy has handled his subject with considerable vigour and ability; and that we regard the speeches of Drs. Churchill, Kidd, and M'Clintock as among the best and most practical of those we have yet read. Dr. Beatty's address was, we understand, considered by those who heard it a very able vindication of the hospital maternities from the attack which has been made on them.

PROFESSOR SYME.

IT must be very gratifying to the illustrious Professor of Clinical Surgery, as he walks in his garden at Mill Bank, surrounded by hills that were classical even before association with him made them so to the medical profession, to know that there is a universal sense of the great value of his services to surgery, and through it to mankind, and a most extensive desire that this feeling should find expression in some worthy way. Had Professor Syme lived in Paris, he would probably, ere this, have been called to the Senate by a Sovereign who, whatever his faults, perceives the nobility of genius, and the wisdom of taking it into high counsel. But as he only lives in Britain, he is pretty safe from such distinction. For ourselves, though entirely sympathising with the feeling that suggests that Mr. Syme should receive titular honours, we scarcely see the appropriateness of the present time for such a suggestion. We can only regret that so merited an honour was not offered when the possession of perfect health would possibly have made it worth acceptance. Mr. Syme's greatest satisfaction now will be in the esteem of the profession which he has so long honoured and adorned. We shall not anticipate the shape which the monument of his merit will take, or at present express our preferences. Mr. Syme is disabled all too soon; but he is not disabled before having achieved a very high position among European surgeons, and a very deep place in the affection of his pupils.

THE ACTION OF TARTAR EMETIC.

THE importance of deeper investigations into the action of medicines than any yet realised in this country is made apparent by some of the more searching inquiries of German experimenters. One of these, Dr. Nöbiling, has lately been experimenting on himself and on some of the lower animals with tartar emetic, and one of the conclusions at which he arrives seems to us somewhat startling. The following are his conclusions:—1. There are two independent modes of action in tartar emetic; one on the heart, and the other on the intestinal canal. 2. The action of the potash is on the heart, and that of the antimony is on the intestines. 3. Potash has a directly paralysing action upon the heart. 4. The tartaric acid is without any effect upon the system.

The conclusion to which we direct special attention is the third, as to the paralysing power of tartar emetic residing, not in the antimony, but in the potash. Dr. Nöbiling endeavoured to ascertain the physiological effect of the different ingredients. He found "that while a small dose of potassio-tartrate of antimony caused death in a frog, the same dose of sodio-tartrate of antimony produced no effect." Now-

adays, when we are using the salts of potash by the ounce, or even by the pound, it seems rather startling to be told that the depressing power of tartar emetic on the heart resides in the potash, and is so great that Nöbiling recommends the ammonio-tartrate of antimony, instead of the potassio-tartrate, for therapeutical purposes. We draw attention to Nöbiling's conclusions, not because we are convinced of their soundness, but to illustrate the need for a sounder therapeutical science, that will tend to harmonise common and scientific observation. It is quite possible that potash has a depressing power on the heart. But there is a terrible inconsistency between Nöbiling's conclusions and some of our best daily practice.

SALARIES OF DISPENSARY MEDICAL OFFICERS AT BELFAST.

THE positive line of action taken by the Irish Poor-law Board in a case of obviously gross injustice towards the dispensary medical officers of Belfast deserves a special commendation, if only that it presents so marked a contrast to that which is usually taken by the authorities at Gwydyr House. The town of Belfast has very greatly increased, both in extent and population, since the introduction of dispensaries seventeen years ago. It is estimated that the increase since 1861 has been 25 per cent. There was, in consequence, a proportional increase of dispensary duty. In 1856 the number of patients attended was 13,351, and in the year ending September, 1866, 18,294. The six medical officers, under these circumstances, very fairly demanded to have their salaries increased from £75 to £100 per annum. The Board of Guardians refused to comply with their request, on the ground that the salaries were estimated in connexion with other duties—viz., vaccination, registration, &c., the payments for which raised the total sum paid from the poor-rate to what the guardians please to call fair remuneration. The matter was then referred by the medical officers to the Poor-law Board, and a letter was instantly directed to the guardians recalling their attention to the question, and stating that the salaries of the medical officers should be considered with reference only to the amount of duty which they may be required to perform in that capacity, irrespective of other duties or emoluments which may be charged upon the rates. They further stated, that in this view of the case, the salaries of the medical officers in the Belfast districts do not appear to be in proportion either to the salaries paid in other districts of the union or the general average throughout Ireland. Notwithstanding this remonstrance, the guardians resolve to oppose the Poor-law Board, and they have had recourse to the usual style of argument, carefully ignoring the facts upon which this application was made, and also the very proper directions of the Poor-law Board. Thus they argue, that the increase of population has only increased the sphere of lucrative private practice; that low salaries are compensated by the introduction to public life and practice. One gentleman went so far as to say, that if the office were to be disposed of by public tender, highly qualified men would give from £400 to £500 to obtain the situation; and another that such appointments were only intended to be sources of employment for young men commencing their career in the world, and not permanent situations. The guardians have, therefore, resolved that their medical officers are amply and liberally remunerated. We hope, however, that the Poor-law Board will firmly perform their duty. The guardians boasted that in a money question they would be certain of success. But it is clear they reckon without their host. Half the salaries of the medical officers is paid in Ireland, as in England, from the Consolidated Fund, and that payment cannot be made without the consent and order of the Poor-law Board. If that consent be withheld, as, under the circumstances, it must be, the entire salary must henceforth be paid out of the local rates. A mere intimation of such a result will probably be sufficient to bring the guardians to their senses.

DR. RICHARDSON AT THE POLYTECHNIC.

ON Tuesday afternoon Dr. Richardson delivered a second lecture at the Polytechnic, to a large medical audience, on the phenomena attendant upon death by lightning, with experimental illustrations from the great coil. After a brief recapitulation of the chief points of the previous lecture, Dr. Richardson explained the arrangement of Leyden jars "in cascade," and showed that the flash thus obtained was immediately fatal to animal life, although it produced so little change in the animal killed that the position and appearance of life were for some time preserved. The heart continued to beat for a considerable period after respiration had ceased, and hence recovery might be possible in cases of apparent death. Interment would not be justifiable prior to the appearance of decomposition, unless either there was general rigidity of muscle, especially of the chest muscles, or coagulation of the blood in the veins. To ascertain the latter point, a large superficial vein should be freely opened for examination. The lecturer then proceeded to discuss the relative conducting power for electric currents of the different bodily tissues, and showed some beautiful experiments, suggested by Mr. Tobin, by which differences in this respect could be rendered visible. A tube, filled with the material to be tested, was made to form part of the circuit conveying the current to one of Gassiot's vacuum cascades, and the brilliance of the luminous phenomena was diminished when the tube contained an imperfect conductor. Each tube was a foot long, bent at a right angle; and, when the tube was filled with animal fat, this resisted the current entirely, and the spark passed across through the outside air, forming a luminous hypothenuse to the right angle. Arrangements are in progress for rendering this test exact, and capable of numerical expression; but at present it appears to show that the blood offers less resistance to electricity than any of the solid tissues, and must, therefore, be the medium of its conduction within the body. If this result be fully confirmed by further experiment, it will lead to considerable modification of the views about "localised electrisation," through the medium of the muscles and of the nerves respectively, that have been put forth by Duchenne and Ziemssen, and that are now generally accepted. Dr. Richardson, at the close of his interesting lecture, mentioned other points to which he wished to refer; and, with the warm approval of his auditory, promised to deal with them on Tuesday, the 22nd instant, at 5 P.M. A vote of thanks to the lecturer was carried by acclamation before the meeting dispersed.

DISTRICT PAUPER SCHOOLS.

WE are glad to observe that Mr. Goschen is alive to the importance of appropriating these schools to classes instead of districts. By such means only is it possible to separate orphan and deserted children from those who, with their parents, are continually going in and out of workhouses. Such children, from their short residence, reap no real advantage from the instruction offered, and only bring into the school every kind of disease and all sorts of contaminating influences. They impair the usefulness of the school, and carry out with them the ophthalmia which they too often acquire there. We hope that Mr. Goschen will deal with this important question with a strong hand.

THE ELECTION OF CORONER.

THE particular reform in the mode of electing coroners which we have persistently for a long series of years laboured to obtain seems at length to be at hand. It will be remembered that we protested, a few weeks since, against that portion of the County Coroners Bill, now before the House of Commons, which vested the power of election in the hands of the Lord Chancellor or the Home Secretary. On the second reading of the Bill a few nights ago, Mr. Goldney stated that he proposed to make amendments in the Bill, to the effect that the voters should be freeholders on the Parliamentary roll, and that the polling places should be held at the Parliamentary polling places. The Home Secretary suggested that the Bill should be speedily recommitted *pro formâ* in order to introduce the amendments, which must therefore have the approval of the Home Office. We do not doubt that the House of Commons will pass the Bill as amended, thus defining once and for ever what is meant by "a freeholder," and annihilating the unfair influence for the future of "graves" and "long-shore men," which has for years past introduced an element of utter uncertainty and an opportunity for wholesale bribery into the election of coroner, and has made it a disgrace to the administration of the English law. We need not repeat the arguments in favour of allowing coroners to be selected by the voice of the people, for which the late Mr. Wakley so stoutly contended. We will only say that Mr. Goldney's Bill, in its amended form, if it pass, will entirely remove a condition which rendered it next to impossible, in most instances, for men of special fitness for the office of coroner to become candidates, and it will tend in no little degree to advance the utility and dignity of the post.

EFFECTS OF BREATHING COMPRESSED AIR.

DR. G. VON LIEBIG has just published in the *Zeitschrift für Biologie* a paper in which are communicated the results of numerous experiments on the effects of breathing air compressed by a pressure of from 320 mm. to nearly 500 mm. of mercury in excess; or, in other words, of breathing in a chamber in which the barometer would stand at from 43 to 50 inches, instead of 30 inches. Similar experiments have been undertaken by Lossen, Vivenot, and others, with varying results. The apparatus required is large and expensive, and considerable experience and practice in both operator and subject are required to arrive at satisfactory conclusions. The general results obtained by Dr. G. von Liebig are: 1. That the number of respirations under high pressure, when the subject is accustomed to the mode of breathing required, does not greatly differ from that occurring at ordinary temperatures. 2. That the quantities of air respired do not materially differ under the two conditions. 3. That the amount of carbonic acid eliminated under the two conditions is almost identical.

THE LINCOLN DISPENSARY.

AN important change was made at a meeting held on the 25th ult. in the arrangements of the Lincoln Dispensary, by the appointment of two medical practitioners of the city as paid officers to attend the out-patients. By these appointments the house-surgeon is enabled to devote his whole time to visiting; and the assistance of the honorary consulting officers will only be sought in extraordinary cases. The payment to the two gentlemen appointed was fixed at £20 a year each; and the subscribers seemed to be fully aware that this payment was acknowledgment, but not remuneration. We are pleased to observe, moreover, that it was remarked at the meeting that the tendency of these appointments would be to diminish the number of improper applicants (that is, of applicants able to pay) amongst the out-patients. Messrs. Lowe and Lomax were elected to the newly created offices; and the proceedings terminated with the usual vote of thanks to the chairman. We shall watch the effect of the new system with much interest; and augur favourable results from its adoption.

THE ABUSES OF HOSPITALS.

IN a short pamphlet just published, Mr. Joseph Wilkinson, the energetic secretary of St. Mary's Hospital, has given his views as a layman of some of the abuses to which our hospitals are exposed. He shows that the hospital is meant to prevent pauperism, and not to provide for or make paupers; and believes that the proper recipients of in-patient relief are labouring men and artisans, who are incapable of bearing the expense attending a serious accident or grave attack of illness. Another class fit for admission to hospital is that of domestic servants; since, as Mr. Wilkinson well remarks, "when attacked by severe illness, the poor servant, without home or friends, is at once got rid of, and, were it not for hospitals, must of necessity become an inmate of the workhouse infirmary." If employers more generally recognised their responsibility in the care of their servants in both health and disease, this need not be; but it is probably much better for the patients themselves to have hospital care, if only their employers were to contribute towards their maintenance while there.

Among the abuses of hospital charity, Mr. Wilkinson classes the admission of well-to-do tradesmen; of persons in good circumstances who have to undergo an important operation, but who, if referred to a junior surgeon, might pay a fee more moderate than that of the senior hospital surgeon; of shopkeepers' assistants, whose principals subscribe to the hospital as the cheapest way of getting their employés attended; and, lastly, of members of the police force. With regard to this last class, we quite agree with Mr. Wilkinson, who expresses his "surprise that, with so extensive a body as our Metropolitan Police, a distinct and proper hospital for their reception during severe illness is not already provided as part of the establishment."

As regards out-patients, Mr. Wilkinson has no very effectual remedy to propose,—except, indeed, their total abolition, to which he evidently inclines. He appears to be hardly aware that there are already numerous practitioners from whom the artisan can obtain advice and medicine for 1*s.* or 1*s.* 6*d.*; but, unfortunately, this does not appear to meet the difficulty or prevent the overcrowding of out-patient rooms.

We would ask what the Committee appointed by the Metropolitan Branch of the British Medical Association some weeks back has done in the matter of hospital reform. So far as we can learn, the Committee has not as yet been called together.

CHOLERA IN INDIA.

CHOLERA has broken out in the cantonments at Neemuch, and three fatal cases have been reported. One case among the Artillery, and some eight or nine in the ranks of the 28th Bombay Native Infantry, had also occurred. The Royals, who suffered so severely on a former occasion at Nusseerabad, appear to have escaped in this outbreak. At the cantonments at Mhow and Deolalie, also, cholera is said to be prevailing. The number of cases of this disease which have occurred amongst the British troops serving in the Bengal presidency during the present season, and up to the latest accounts, has been thirty-nine, of which no less than thirty are said to have proved fatal.

THE MARSHALL HALL MEMORIAL.

THE Executive Committee are anxious that those gentlemen who have already requested that their names may be added to the list of subscribers, and who have not handed in their contributions, as well as those who intend to subscribe to the memorial fund, should forward their subscriptions to the treasurer, Dr. Russell Reynolds, 38, Grosvenor-street. An appeal has been widely made by circular to the profession in various parts of the country, and the Committee have received a large number of answers. We trust that the subscription list will be a good one, and enable the Committee to found a worthy memorial of the great man whom it is proposed to honour. It is impossible, of course, for the Executive Committee to appeal directly to each member of the profession, and we are therefore requested to be the mouthpiece of the Committee in the matter, in order that they may not seem to be neglectful in making personal application to individuals.

INDISCRIMINATE MEDICAL RELIEF.

IT having been found by the Holborn Board of Guardians that a medical order had been given to a person well able to pay for medical advice, it was resolved "that the relieving officers, before granting orders for medical relief, be instructed to make such inquiries of the person applying as shall satisfy them that the applicant is a pauper; and that in the event of any circumstance being elicited which makes this doubtful (such as occcupation, rental, &c.), the relieving officers make the necessary inquiries before granting such orders." The enormous increase of orders for medical advice must be regarded as a sufficient proof that great laxity very generally prevails. It would seem that the relieving officers have been in the habit of granting orders to all comers, leaving the propriety to be determined by a subsequent visit. The law clearly intended that, except in cases of great emergency, inquiry should precede the administration of all kinds of relief; and the Holborn guardians deserve the thanks of the profession for having directed public attention to what we believe to be a very serious and growing burden upon the Poor-law medical officers. In the resolution just passed we have another strong argument in favour of a system of inspection for out-door relief; and it is certain that no reform of the present imperfect arrangements can be hoped for until something of the kind is done. Let us hope that the proposed dispensaries will be placed in charge of a competent inspector, in order that something like fairness and uniformity may result.

SANITARY STATE OF GIBRALTAR.

SOME anxiety seems to prevail regarding the sanitary state of Gibraltar. It appears that the new drainage works are so far completed that most of the houses in the town are now connected with the main sewer; but the flushing of these sewers is at present totally unprovided for, and the closets, privies, and surface drains, being without water, or improperly trapped, are mere sewer ventilators, in numerous instances opening into the narrow *patios* or courtyards of this much overcrowded city. Ventilating traps with charcoal pans have been introduced in the streets at intervals of 200 or 300 yards; but the deficiency of the water-supply renders the emanations from these outlets very offensive. The rainfall this year has been far below the average. For some weeks past the troops in the south have been on a daily allowance of water, and in the town most of the private, and many of the public, tanks are completely exhausted. Some cases of enteric fever have occurred, one or two of which were fatal; but the troops are otherwise healthy. It is notorious that all the barracks are overcrowded; that some—for example the Wellington Fort, now occupied by the 74th Highlanders—are unfit for human habitation. Considering that the hot weather is setting in, and that an epidemic of fever is said to have been raging throughout the centre and north-east of Spain, we venture to think the residents on the Rock require to be on the alert. In the event of any outbreak of epidemic disease, the best thing for the authorities to do would be to remove at least half the garrison to England.

THE CHOLERA AT THE GAMBIA.

WE are sorry to hear by the latest intelligence that the cholera continues to prevail in the Gambia. The loss sustained by the military, composed of a portion of a West India regiment, is very small compared with the mortality which has ensued among the native population. This is described as appalling, and there is some difficulty in disposing of the dead. In March there were one hundred deaths at M'Carthy's Island, and thirty more at a place called Doomassaysang, since which the disease has spread to Bathurst. Admiral Patey, administering the government, has set apart a large building as a cholera hospital to leeward of Bathurst. The few Europeans and medical officers stationed in the locality have been unremitting in their efforts to relieve the necessities of the people, and to guard against the spread of the disease among the military. As this is said to be the first occasion on which cholera has occurred in this part of Africa, the origin and cause of the outbreak will form an interesting and important subject for future inquiry, in regard to its bearing upon such distant colonies as New Zealand, for example, where cholera has never prevailed.

NAVAL PROMOTIONS.

A GREAT spur has been given this week to naval officers, by an unusually large promotion. It would have been satisfactory to observe something done for the medical officers at the same happy juncture, to improve the present unsatisfactory state of a long list which shows an abundance of disappointed staff-surgeons of thirty years' standing, of surgeons employed as assistant-surgeons, and of assistant-surgeons who have been over twelve years in the service. We trust that the rumour of additional promotion from these ranks is soon to be realised, and that the list will be conspicuous by its rewards to those officers whose zeal and trustworthiness have caused them to be ever foremost on foreign service, as such a step would be the very strongest stimulus to a branch of our profession which is subjected to strong temptations to seek repose rather than the discomforts inseparable from a sea-going life.

THE DRAINAGE OF ST. PANCRAS WORKHOUSE.

FOR months past the medical officer of the St. Pancras Workhouse has been undergoing a process of rapid poisoning by sewer-gas, by which his health has been undermined so that he was at length compelled to resign his post. Over and over again the attention of the guardians was drawn to the subject, but without effect. A thorough investigation has at length been made, and a passage has been found running along the basement of the infirmary, and containing an immense quantity of fetid matter. When opened, it was found impossible to remain near it for any length of time. In two days, 2266 gallons of black fluid were ladled out. The passage appears to have been intended as a reservoir of pure air for the supply of the ventilating shafts of the infirmary wards. Instead of this, it has simply served to distribute sulphuretted hydrogen.

THE ORDER OF THE BATH.

WE are very glad to perceive, from a supplementary *Gazette* promulgated on the occasion of the late commemoration of Her Majesty's birthday, that several members of our profession belonging to the public services have received a titular recognition and reward of their labours. We cordially congratulate army medical officers on the distinctions which have been conferred on their department in the persons of their head and other of its members. We are likewise glad to notice that their *confrères* of the navy share these honours with them. We cannot but regret, however, that the honour of a K.C.B. has not been conferred on the late Director-General of the Naval Medical Department, Dr. Bryson, C.B. It would have been a graceful and deserved recognition of his late position and services. The respective heads of the two medical departments might, in our opinion, with benefit to the interests of the public service, always be promoted to the rank of K.C.B. on attaining their position as Director-General. Mr. Saunders was, no doubt, selected for the C.B. on account, more especially, of the very arduous character of his professional duties in China in 1865-6, when, it will be remembered, he occupied a position of grave responsibility. The disastrous epidemic among the garrison at Hong Kong on that occasion was subsequently inquired into by a Committee of the House of Commons, and Mr. Saunders's conduct was the subject of warm encomium. The following is taken from the list of promotions and appointments in the *London Gazette* of the 1st instant:—

"To be Ordinary Members of the Military Division of the Second Class, or Knight Commanders of the said Most Honourable Order: Thomas Galbraith Logan, Esq., M.D., C.B., Director-General of the Medical Department of the Army. To be ordinary members of the Military Division of the Third Class, or Companions of the said Most Hon. Order: Inspector-General of Hospitals and Fleets George Burn, M.D.; Inspector-General of Hospitals George Steward Beatson, M.D.; Deputy Inspector-General of Hospitals Hampden Hugh Massy, M.D.; Staff Surgeon-Major George Saunders. To be ordinary member of the Civil Division of the Third Class, or Companion of the said Most Hon. Order: John Grant Stewart, Esq., M.D., Inspector-General of Hospitals and Fleets."

THE ASSAULT AT LAMBETH WORKHOUSE.

WE learn that the Poor-law Board, having called upon Mr. George Catch, the master, and Mr. Stuckey, the resident medical officer, of Lambeth Workhouse, for an explanation of their extraordinary proceedings connected with the attempt to force out Caroline Bailey from a chimney in a ward of the workhouse, in which they supposed she was hiding, by the employment of the suffocative fumes of some corrosive fluid, and which ward was at the time occupied by several female paupers, who were much affected thereby, and these officers, in their reply, having admitted the substantial accuracy of the statements which had been made, the Poor-law Board at once called upon them to send in the resignation of their appointments.

THE PLYMOUTH PROVIDENT DISPENSARY.

THE rules of the Plymouth Provident Dispensary, to the foundation of which we referred in THE LANCET for March 27th, have come to hand. We are glad to find that the promoters of the dispensary have adopted the principle of throwing it open to all resident medical practitioners who choose to take part in its operations. We are quite sure that there is no other basis on which such an institution can be successfully or fairly conducted; and we hail its prompt recognition as a good omen for the lasting prosperity and usefulness of the undertaking.

MORTALITY AT DIFFERENT AGES.

As the question, What is the average death-rate of the English population at different periods of life? occurs very frequently, and is not at all times easily to be answered for lack of the official documents in which such statistics are periodically published, we subjoin the latest authentic information upon the subject, derived from the Thirtieth Annual Report of the Registrar-General, just presented to Parliament. For the benefit of any of our readers who may not be much accustomed to the study of statistics, it may be said that the two columns here given represent the average annual deaths occurring in the thirty years 1838–67 to persons of either sex at the stated periods of age, out of every thousand persons of corresponding ages estimated as representing the average yearly population during the thirty years.

	Males.	Females.
All ages. ...	23·33 ...	21·51
0— 5 ...	72·42 ...	62·46
5—10 ...	8·79 ...	8·67
10—15 ...	4·95 ...	5·10
15—25 ...	7·90 ...	8·22
25—35 ...	9·93 ...	10·15
35—45 ...	13·03 ...	12·30
45—55 ...	18·16 ...	15·67
55—65 ...	31·53 ...	28·56
65—75 ...	68·54 ...	57·52
75—85 ...	147·74 ...	135·36
85—95 ...	309·22 ...	283·07
95 and upwards ...	446·87 ...	432·05

The Supplement to the Registrar-General's Twenty-fifth Annual Report contains, perhaps, the most valuable information on record as to the mortality of children in different parts of the country.

ANIMAL VACCINATION.

OUR readers will have seen the case of Dr. Skelton, who was last week brought up at Bow-street and fined for refusing to have his child vaccinated. We refer to it in order to correct a mis-statement made by Dr. Skelton on the occasion. He is reported to have said that the virus now used by Dr. Blanc in Bedford-street, "was produced by vaccinating the heifer from a child, and probably had been passed from child to child for years." This is not the case; and the virus in question has never been passed through any child at all. It was derived from a case of spontaneous cow-pox, and has been transmitted only from heifer to heifer. The question is one of so much importance, that no mistaken impressions with regard to it should be left uncontradicted; and we therefore briefly notice Dr. Skelton's error, although we are compelled to postpone, until after further observation, a full account of Dr. Blanc's methods and results.

THE IRISH REGISTRATION REPORT.

WE have received a copy of the first Annual Report of the Irish Registrar-General; but as the facts to which it relates are all for the year 1864, we must really be excused if we consider them too old for commenting on in the middle of 1869. The Registrar-General apologises for the delay in publication, alleging the many difficulties which have attended the introduction of registration among the "numerous population" of Ireland. We may accept the apology, because we shall hope for better things in future. Last week we were obliged to take the Scottish Registrar-General to task for being two years and a half behind-hand with his Report; but his Irish colleague is twice as far in arrear. Why should not the Annual Registration Reports for each of the three divisions of the kingdom appear as nearly as possible simultaneously?

THE SURGERY OF BICYCLES.

HUMAN sorrows, it is seen on all hands, keep pace with human progress,—the new mode of transit being no exception to the universal law. Within the last few months, both in this country and in France, surgeons have had to treat a great variety of injuries, the results of accidents from the bicycle; some of them being, in one sense, special and peculiar to the novel risks attendent on the machine—the position of the rider, but more particularly on his relation to the law of balance, whether in progress or retrogression, on the level, ascent, or descent. Dislocation of the upper extremities, and especially of the radius, have been the most common; some few fractures of the ulna have, however, been observed, with severe sprains of the wrists. In some instances the lower extremities have been injured,—sprains being more common than fractures. General shock of the nervous system has been sustained by others in consequence of a complete capsize, the bicycle running backwards down an incline, unseating the rider in a manner directly the opposite of a head-pitch.

SANITARY STATE OF KIDDERMINSTER.

THE Town Council of Kidderminster have apprised the Board of Guardians of that union that the necessary steps for the adoption of the Local Government Act in the borough have been taken, and that plans and particulars for drainage and sewerage works have been prepared for submission to the Secretary of State. Upon receipt of this intimation, the guardians resolved at their next meeting to fully consider the sanitary state of Kidderminster, and the propriety of asking the Secretary of State to direct an inspector to visit the town, and examine its condition as to sewage and water-supply. We presume these two distinct "local authorities" have no intention of working otherwise than harmoniously together; to suppose that they do not so intend would be tantamount to regarding sanitary improvement in Kidderminster as indefinitely postponed. That action has thus far been taken is, no doubt, greatly due to the reports of the union medical officers calling attention to the unhealthiness of the town, as well as to the efforts of Dr. Rose in giving a wider publicity to the facts in our own columns.

THE PILGRIMAGE TO MECCA.

THE pilgrimage of Mahometans to Mecca has passed off this year without any outbreak of disease; the deaths, we believe, being merely nominal, when we take into consideration that between a hundred and twenty and a hundred and thirty thousand people are said to have taken part in the various religious rites. This good result is, no doubt, in great part to be attributed to the arrangements made by the health authorities on the spot for destroying the refuse resulting from the slaughter of the sacrificial victims, and for cleansing the streets where the pilgrims lived during their sojourn.

"SHUT YOUR MOUTH!"

WE have received a copy of the third edition of the amusing pamphlet under the above title, in which Mr. Catlin argues that all the diseases incidental to civilisation are due to breathing through the open mouth. We confess that we are at least half converts to the views of the author; and we commend his book to the notice of our readers. Its illustrations are infinitely humorous, and display great artistic talent. The old gentleman asleep after dinner; and the ideal portrait of a horse with its mouth open, as well as the contrasted groups of Indians and of English bumpkins, are admirable both in conception and execution. The author pushes his argument much too far, and excludes other morbific causes of very general operation. But we think there can be no doubt that the action of the nasal passages, whether in warming the air, or in freeing it from impurities, must be of the highest importance. Mr. Catlin should certainly carry all the ladies with him, if they will but study the effect of the open mouth on their appearance, and will lay to heart the author's dictum, "that idiots asleep cannot be angels awake."

WORKSHOPS REGULATION ACT.

THE Workshops Regulation Act does not appear to be altogether acceptable to the class whom it was designed to benefit. The enforced Saturday short time obliges milliners and sempstresses either to submit to diminished earnings, or to take their work from what may be tolerably comfortable workrooms in the establishments they serve, to their own less convenient and probably less healthy homes. It is quite clear that the Act needs very judicious and discriminating application.

THE first pair of buildings of the National Cottage Hospital for Consumption and Diseases of the Chest at Ventnor, are now close upon completion; and active preparations are in progress for the ceremony of laying the foundation-stone of the second pair of houses in July next, by a member of the Royal Family, in the name of her Most Gracious Majesty the Queen. The Right Hon. Sir Lawrence Peel, Mr. Frederick Leaf, and Dr. Richard Hassall, have already contributed most liberally to the Furnishing Fund, it being the desire of the General Committee that the cost of the furniture should not be defrayed out of the general, but from a special, fund.

THE late Dowager Lady Truro, after disposing of certain portions of her property, made over the residue to be equally divided between various charities, including the *Dreadnought* and Guy's Hospitals, and, what was termed in the will, "the Orphan Asylum at Wandsworth." The only institution of the kind at Wandsworth is the Royal Patriotic Asylum; but a law-suit, in which eleven counsel were engaged, was instituted to decide whether this institution was meant by the testatrix. The costs, which must have been heavy, fell upon the estate, to the detriment of the interests of the two medical charities concerned. What a scandal upon the equity of English law.

THE Royal Sanitary Commission continues the taking of evidence on Mondays and Thursdays. Mr. Simon, F.R.S., the medical officer of the Privy Council, was under examination on Monday and Thursday last. We understand that the Commission is confining its inquiries strictly to the operation and administration of the sanitary laws, upon which it will first report, leaving the consideration of systems of drainage, of inspection, of registration, &c., for a subsequent report.

ON Monday next, a paper will be read in the Public Health Section of the Social Science Association, by Dr. Alfred Carpenter, of Croydon, on the "Influence of Sewer Gas upon the Public Health, and the Theory of Ventilation as required in Sewers." Dr. Carpenter's experience at Croydon, where the liquid system of drainage is supposed to have been carried to perfection, will be of some value to engineers and others now interested in the drainage question.

WE are authorised to state that Professor Syme will not preside at the dinner of the Royal College of Surgeons, as announced by circular.

DR. SYSON, in his Report on the Vital Statistics of Salford for the year 1868, states that diarrhœa was alarmingly prevalent in that borough during July, August, and September, causing 367 deaths, whereof 266 were of infants in their first year. Dr. Syson regards the diarrhœa, which was epidemic, as in reality a variety of typhoid fever—an opinion in which, he says, he has been supported by every medical man with whom he has conversed on the subject.

STEPS have been taken at Cambridge University to allow students to be admitted to attend professors' lectures and take degrees without being admitted at Colleges. The necessary expenses for such non-collegiate students will be somewhat less than for those who become members of colleges. There is no restriction on the ground of religious opinions in either case.

THE Weekly Board of the Birmingham General Hospital has unanimously passed a resolution expressive of its deep sorrow on the death of Dr. James Johnstone, late consulting physician to that institution, and of its full appreciation of the many and valuable services rendered by him to the hospital during the long period of thirty-six years.

THE governors of St. George's Hospital, finding that the state of their finances is most unsatisfactory, are making a special appeal to the public for assistance, in default of which they will be obliged to close some of the wards. A public meeting is to be held this day (Saturday) at Willis's Rooms, to take into consideration the position of the hospital; the Duke of Devonshire will preside.

IN the case of the fictitious charge of criminal assault preferred, some three weeks ago, against Dr. Windsor Berry, of Wimbledon, and promptly dismissed by the magistrate before whom it was brought, we are glad to find that the woman has now been committed to take her trial for perjury at the next session of the Central Criminal Court.

THE result of the official inquiry relative to the proposal to abolish the Herbert Hospital, at Shooter's-hill, has resulted in the committee recommending the hospital to remain as at present. The Marine Infirmary, which it was proposed to make the Woolwich Hospital, will, it is understood, be converted into infantry officers' quarters.

THE clerk to the guardians of the Aylesbury Union has been informed by Dr. Wagstaffe, one of the inspectors of vaccination, that the state of vaccination in that union is so satisfactory as to entitle all the public vaccinators (with one exception) to recommendation for the gratuities awarded by the Privy Council under the Vaccination Act.

DURING the week a grand bazaar, for the benefit of the German Hospital, Dalston, was held, under the patronage of the Queen, the Princess of Wales, and other Royal personages and illustrious ladies. The authorities are anxious to clear off a debt of £2000, and, if possible, to open a new ward with twenty-five beds.

ON Thursday, May 27th, Dr. Joseph T. C. Constable, late of Dulverton, was presented, by a committee of patients and friends, with a handsome silver teapot, as a token of respect and esteem for past services.

THE Queen's Hospital, Birmingham, has received a legacy of £1000, from the late Mr. Thomas Crowley, of Edgbaston.

THE debate on the Army Estimates will be resumed on Thursday, June 10th.

IT has been unanimously agreed by the Cardiff Board of Guardians to petition for the application of the Contagious Diseases Act to the town of Cardiff.

WE are happy to congratulate the town of Guildford upon the entire disappearance of scarlatina, according to the report of the medical officer of health.

THE President and Fellows of the College of Physicians have issued cards for a *conversazione*, to be held on Wednesday evening next (June 9th).

THE ROYAL SOCIETY OF MEDICINE.

THE adjourned meeting of the Fellows of the Royal Medical and Chirurgical Society, for the purpose of considering the scheme for the Royal Society of Medicine which had been prepared by the Council, was held on Thursday evening, May 28th.

Dr. Burrows again presided. The attendance was not large. Amongst those present were Dr. Quain, Mr. Solly, Dr. Pitman, Mr. Holmes, Mr. Charles Hawkins, Dr. Hall Davis, Dr. Cholmeley, Dr. Begley, Dr. Stewart, Mr. Cooper Forster, Dr. Pollock, Mr. Savory, &c.

After a few remarks from the President, the SECRETARY (Mr. Gascoyen) read the Resolutions 1 to 13, which had been agreed to at the previous meetings.

Mr. SOLLY then proposed, and Dr. HALL DAVIS seconded the adoption of Resolution 14:—"That Fellows, Members, or Licentiates, of the Colleges of Physicians or Surgeons of Great Britain and Ireland; Doctors or Bachelors of Medicine, or Masters or Bachelors of Surgery, of the Universities of Great Britain and Ireland, or of the Colonies; Members of the Faculty of Physicians and Surgeons of Glasgow; Licentiates of the Society of Apothecaries of London, or of the Apothecaries' Hall of Ireland; or foreigners whose qualifications are satisfactory to the Council; be eligible for admission into the Society by nomination and election, as at present is arranged in the Royal Medical and Chirurgical Society; and that their recommendation be signed by three Fellows of the Society, two of whom, at least, shall be members of a section to which the candidate declares himself desirous of becoming attached."

Mr. HEATH suggested that the words "registered medical practitioners" might with advantage be substituted for the list of qualifications in the resolution.

The PRESIDENT and Mr. HOLMES, however, stated that it was intended to include more than registered medical practitioners; as, for instance, distinguished foreigners and many medical graduates of universities who might not be practising.

The resolution was then agreed to.

Resolution 15 was then proposed by Mr. COOPER FORSTER, and seconded by Mr. GEORGE COOPER:—"That in adjusting the scale of payments, consideration be had to the number of sections which each Fellow may join, and for the privilege of using the library of the Society and of receiving copies of the Transactions and Proceedings of the several sections."

Dr. DEYSDALE asked if it was proposed that the scale of payments should be adjusted before the scheme was transferred to the other societies.

Mr. COOPER FORSTER replied that the arrangement of the payments would have to be left in the hands of a professional accountant.

The PRESIDENT said that in the original scheme presented to the Council by the Committee the subject was considered in detail, but on reconsideration it had been thought better to leave the question undetermined, the Council not feeling that they were equal to adjust it satisfactorily.

After some remarks by Mr. Solly and Dr. Stewart,

Mr. HOLMES said that the original report of the Committee was accidentally made public, and in that, the Committee that should ultimately be formed would have before them the scheme of payments then suggested. That scheme was not included in the resolutions before the meeting, lest it should be looked on as a pecuniary offer which they were

making and which they intended to stand to, whereas they only wished for terms of union which should be liberal and fair to all Societies.

The resolution was then agreed to, as also were Resolutions 16 and 17:—

"That deductions from future payments to the Society be allowed for any admission or composition fees which may have been already paid to any of the Societies enumerated in Resolution 12, as provided in the bye-laws of those Societies."

"That any Fellow, who shall wish to leave one section of the Society and join another, may do so on the day of the annual meeting of the Society."

Resolution 18 was then proposed:—"That any registered medical practitioner, on complying with the regulations required, be eligible for election as an Associate of the Royal Society of Medicine on payment of an admission fee of one guinea and an annual contribution of one guinea, which shall entitle him to attend the meetings of any one of the sections, and also to a copy of the Transactions and Proceedings of such section; and that the manner of election of such Associates be regulated by each section as it may think fit."

Dr. PITMAN observed that it was intended that there should be two classes of members—Fellows and Associates; but most of the Societies invited to join had the title of member, whereas there was to be no title of member in the new Society, and so the members of the other Societies who did not become Fellows would have to drop into the class of Associates. He thought that the difficulty might be overcome by the use of the term Member instead of Associate. Again, the Obstetrical Society had a title similar to their own. If the Fellows of the Obstetrical Society simply joined the Obstetrical Section of the new Society, they would have to forfeit the title of Fellow and take that of Associate. To obviate this difficulty he suggested that a class of non-resident Fellows might be made.

Mr. CARTER suggested that if the Fellows of one Society were allowed to retain the title of Fellow, it would be unfair to those who might join the section afterwards, and have to be content with an inferior title.

Mr. HOLMES said that that was never intended. The original members of the various Societies, and those who might join afterwards, would be on just the same footing with regard to the payments they would make and the title they would assume. With regard to Dr. Pitman's suggestion, he thought the title of Member or Associate a matter of indifference. The term had been chosen to avoid ambiguity, since they would then have Fellow of the Society, Associate of the Society, and member of this or that section. He denied that there was any difference of rank intended between the two classes; the difference would simply be one of name and payment.

Mr. CARTER asked whether the members of the Obstetrical Society had any right to call themselves Fellows, and whether, by custom, the use of that term was not confined to Societies incorporated by Royal Charter?

Mr. COOPER FORSTER hoped that the class of Associates would be a small one, and that most of those joining the Society would become Fellows.

Mr. HOLMES said that if the Society embraced a large number of practitioners, it was clear that there would be many who would not be able or wish to use the library, but would join one or two sections only. He hoped there would be many such.

Mr. CARTER proposed, and Dr. DRYSDALE seconded, that the word "Associate" be omitted, and "Member" substituted for it.

Mr. HEATH remarked that the Obstetrical Society, and that only, was possessed of a library; and that Fellows of that Society, on simply becoming Members or Associates of the Royal Society, would forfeit the use of the library.

Mr. GASCOYEN explained that the words at the end of the next clause were intended to provide for that difficulty, and that the library of the Obstetrical Society would not be amalgamated, but might be kept separate for the use of that section, if the members wished.

Dr. O'CONNOR supported Mr. Carter's amendment.

Mr. MORRANT BAKER thought the distinction between two classes—one to have the use of the library and the other not—was very unsatisfactory.

Mr. Carter and Dr. Drysdale having altered the word Member to Fellow in their amendment, it was put, and negatived by 19 to 6.

Resolutions 18, 19, and 20 were then agreed to.

19. "That no present Fellow or Member of any of the Societies enumerated in Clause 12 be required to pay the admission fee of one guinea on becoming an Associate of the Society; and that all privileges now enjoyed by the present members of those Societies be, as far as possible, preserved to the members of the future sections."

20. "That the members of each separate section elect annually the Council of that section; and that such Council consist of a president, two secretaries, and such number of other councillors as shall hereafter be arranged. The president of each section and the representative member of the section to the general Council must be Fellows of the Society."

Resolution 21 was then proposed by Dr. BEGLEY, and seconded by Mr. SOLLY, jun. "That the Council of each section have the entire control of the internal business of their own section, subject to such general arrangements as shall be made by the general Council of the Society; and that they publish annually, or at such periods as shall hereafter be arranged, the Transactions of their own section, provided the expenditure of each section, for Transactions and other special purposes, do not exceed one-half of the income derived from the annual subscriptions of its members."

Mr. HOLMES observed that that resolution had given rise to much misapprehension. It was introduced mainly at the instigation of the late President of the Obstetrical Society, who wished that a definite proportion of the income of each section should be fixed, which should be absolutely in the control of the members of that section. There was no reason, however, why a half rather than any other proportion should be agreed upon. To avoid misapprehension, he would move that to the end of the sentence should be added, "or such other proportion as shall hereafter be agreed upon."

This was seconded by Mr. SOLLY, and the resolution, as amended, was then carried.

After a little conversation, the two remaining resolutions were then agreed to:—

22. "That the General Council of the Society may, under special circumstances, make special grants in aid of the publication of Transactions, or other expenses, of any section."

23. "That the proposed Society comprise a grade of Honorary Fellows, consisting of the Honorary Fellows or Honorary Members of any of the enumerated Societies which shall join in the amalgamation, and others to be elected for life from British subjects who have eminently distinguished themselves in Medicine or Surgery, or in the sciences connected therewith, but who do not practise the medical profession; and from foreigners who have eminently distinguished themselves in Medicine or Surgery, or in the sciences connected therewith. That such Honorary Fellows be elected by the Society at a general meeting, on the recommendation of the Council."

A long discussion next ensued as to the precise form in which the invitation should be issued to the various Societies. Ultimately, the following resolutions were agreed to, proposed by Dr. PITMAN, and seconded by Dr. QUAIN:—

"That the following propositions be submitted to each of the Societies mentioned in Resolution 12 of the Scheme now adopted—

"That steps be taken to secure the union of various Societies now existing in London for the cultivation of special branches of Medicine.

"That the resolutions now adopted provisionally be submitted to each of the Societies mentioned in Resolution 12 as the basis of a scheme for effecting such union, and that each Society, in the event of its approving of the above resolutions, be requested to nominate three members to form a general committee to prepare a complete Scheme, to be submitted to each Society for its approval."

The PRESIDENT then suggested that, in order to avoid another general meeting, it would be well to be prepared with three Fellows to act on the general committee, in case the Societies agreed to the proposal.

Dr. Pitman, Mr. Holmes, and Mr. Gascoyen were then nominated, and accepted by the meeting, as the representatives of the Society.

The proceedings then terminated.

THE ROYAL COLLEGE OF SURGEONS.

MR. LE GROS CLARK'S LECTURES ON SHOCK AND VISCERAL LESIONS.

LECTURE I.

IN continuation of his subject of last year, Mr. Clark, on the 2nd inst., devoted his first lecture to Injuries of the Brain and Spinal Cord and their Consequences. He commenced by apologising for trespassing somewhat upon the province of the physician in a region where symptoms due to mere functional disturbance, to organic change, and to actual injury had so much in common. Tetanus was a malady essentially the same, whether idiopathic or due to an external injury; though the former was the more amenable to treatment, perhaps because the exciting cause was more accessible, or the disturbance more purely functional. Mr. Clark then sketched the main symptoms of tetanus. Pain in the epigastrium was one of the earliest. The obstinate constipation, frequent during the course of the disease, was not to be accounted for by mere spasm of the sphincter, but pointed, he thought, to an affection of the sympathetic. Symmetrical spasm was the usual type, but sometimes it was unilateral, corresponding to the position of the injury. In a boy in St. Thomas's Hospital this occurred in consequence of an injury to the ulnar nerve. In rare cases, delirium supervened towards the close of the disease.

Tetanus was occasionally met with in the lower animals, especially in horses. In them it was generally due to exposure to cold, and was as little amenable to treatment as in man. The most effectual system consisted in absolute isolation and undisturbed repose, from which they might draw a useful lesson in the treatment of a malady that depended for its sustenance so much upon extraneous excitement. The most acute case Mr. Clark had ever known to recover was treated by Mr. Travers, by injection of tobacco into the rectum. Prostration ensued so severe as to threaten life, but the tetanus was relieved, and the patient rallied and recovered. Not much importance was to be attached to any pathological appearances recorded as occurring in tetanus, except those changes in the spinal cord discovered by Mr. Lockhart Clarke—wasting and disintegration in the grey substance, especially around the central canal, throughout its whole length. These structural changes were probably not present in cases which recovered.

In studying these and other allied conditions, such as hydrophobia, epilepsy, hysteria, chorea, it was impossible to resist the conclusion that they were dependent on both centric and eccentric causes. Many of the eccentric cases were purely functional and remedial, whilst others of the same class were accompanied by organic change, and therefore resisted treatment. Whenever centric, the cause must be organic change, and recovery, as a rule, if not invariably, hopeless.

In conclusion, Mr. Clark discussed the question of the propriety of operative interference in some cases of fracture of the spine. He believed, in the present state of knowledge, trephining to be unjustifiable. By post-mortem evidence the cases were excessively rare in which it could be of service; and in those in which the symptoms were sufficiently marked to justify interference, injury to the cord had occurred, far beyond repair; while those slighter cases, in which alone it would be likely to do good, were much more likely to recover, partially or completely, if untouched, than if complicated by so grave an operation.

Correspondence.

"Audi alteram partem."

THE ELECTION OF COUNCILLORS AT THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—It appears to have been the practice of late years for those who are, for the first time, about to present themselves to the Fellows of the Royal College of Surgeons as candidates for a seat in the Council, to give some expression of opinion with respect to the politics of that institution, both as regards its internal administration, and what may perhaps not unjustly be termed its external relations towards the general body of its own Fellows.

With this practice I cheerfully comply. I feel that a seat on the Council Board of the largest, the wealthiest, and the most influential of the medical corporations should not, and cannot, be considered to be a mere honorary distinction, into which a man simply gravitates by weight of increasing years; but that it should be, and in reality is, an active office, to which he seeks to be elected by those votes which are expressive of the confidence that his professional brethren have in him. They have a right to demand, and it is incumbent on him to enunciate, those general principles by which his conduct as a councillor will be guided in the event of the distinction that he seeks being conferred upon him.

I have ever held that the collegiate corporations which are connected with, and which are supported by, our profession, should be administered in a broad and catholic spirit of liberality, with a view to the advantage of the profession as a whole, rather than the welfare of any one particular institution; and that their internal organisation and external relations require to be modified from time to time in accordance with the expressed wish of their members. That as medicine, either in its scientific aspect, or its practical applications, is constantly progressive, so the profession of medicine, whether in its internal organisation or social relations, cannot either remain stationary; and, above all, that the collegiate institutions, which constitute the framework of the profession, by means of which it is bound together in one collective whole, through the action of which it governs itself, and through the medium of which it is brought collectively into relation with society at large, cannot remain unchanged in their constitution and mode of action, but must from time to time be subjected to such changes as not only to meet, but to be in advance of, the wants of the age.

To no institution do these general principles apply more directly than to the Royal College of Surgeons of England; and although I have hitherto been too closely and too actively employed in the study, the teaching, and the practice of my profession to find much time to devote to its politics, even if my position simply as a Fellow would have enabled me to do so, yet I can with satisfaction refer to two occasions when, as is well known to many, I took a somewhat active part in endeavouring to carry out some of those principles by aiding to secure the return of Sir W. Fergusson in 1861, the first occasion on which the routine system of re-election of members of Council was broken through; and again in the following year, 1862, when I exerted myself to bring in Mr. Paget, of Leicester, in order to throw open the Council room to the country Fellows.

These two great principles—viz., the inexpediency of continuous re-election, and the admission of country Fellows into the Council—having been secured, it appears to me that there are at present five great questions in connexion with the management of the College that imperatively require consideration:—

1. The position of the Fellows and Members in relation to the government of the College.
2. The representation of the College in the Medical Council.
3. The constitution of the Court of Examiners.
4. The voting by proxy being conceded to Fellows living beyond a certain distance from London.
5. The publication of the proceedings of the Council.

1. The government of the College is at present absolutely in the hands of the Council. The Fellows and Members are entirely powerless, having no voice whatever in the administration of its affairs; and, practically, the only way open to the Fellows of influencing the proceedings of the Council is by the election into it of such members of their own body as can be dispended upon for carrying out their measures of reform. This surely is a great evil, and one that requires speedy remedy. It is absolutely necessary that the government of the College be reconstructed on a wider basis, so as to include the whole body of Fellows. The present system acts injuriously in two ways—first, by preventing the large body of the surgeons taking that interest in the affairs of their own College that they would, if they were entrusted with the more direct management; and,

secondly, it acts, or rather will act, more and more injuriously when, by the process of elimination which has been actively carried on of late years, a large number of Fellows who have sat on the Council, and who, having lost their seats in rotation by not being re-elected, but who have during their tenure of office become well and intimately acquainted with the government of the College, merge again into the general and, as at present constituted, inactive body of Fellows. Amongst these they will be lost, and their advice will no longer be at the disposal of that College in which heretofore they had taken so active a part, and on occasions when, grounded on an intimate acquaintance with its laws, or laden with the fruits of past experience, it might be eminently valuable.

By retaining this oligarchical form of government the College cuts itself off alike from its younger and more active, and its older and more experienced, members. I would therefore strongly urge that periodical—perhaps half-yearly—meetings of the Fellows be held for the reception of reports from the Council, their discussion, and the general management of the business of the College.

2. The present mode of representation of the College at the General Medical Council is, in my opinion, most objectionable. The Fellows have at present no voice in the election of their representative. He is elected by the Council, and can scarcely be looked upon as more than the exponent of the views of that body,—certainly not as the representative, as he ought to be, of the Fellows and Members at large, by whom he should be elected into the General Medical Council.

3. The constitution of the Court of Examiners is probably that part of the organisation of the College of Surgeons that has produced the greatest amount of discussion and of dissatisfaction. This is very natural, for not only does the College derive the greater part, if not the whole, of its revenues from the proceedings of that Board, but the constitution of the Court itself has always been, and still is, in the highest degree exceptional, and different from what, I believe, exists in every other examining body in the kingdom, and one that has long been felt by every member of the College who did not sit upon it, as of a kind that has most urgently needed revision and reform. As a teacher of surgery of more than twenty years' standing, my experience has led me to the conclusion that documents purporting to represent the attendance of students on lectures and hospital practice, commonly called "schedules," are shams that might, with the greatest advantage to teacher and pupil, be done away with; that the only certain way of testing a student's competence to practise surgery is by a series of searching and at the same time practical examinations on the subject and in the hospital ward. Restrictions on teacher and pupil may be freely loosened, provided the tests to which the candidate is subjected at his examination be sufficiently rigid. But for this purpose the examining body must be as efficient as it is possible to make it. Its members must be composed of two classes of men: those distinguished for their knowledge of those sciences, such as anatomy, physiology, and pathology, which are the substructure of surgery, and of those who, by lengthened experience, have become masters in the practice of their art. In order to secure the efficiency thus required in the Court of Examiners, I believe that the following changes are required:—

a. That no member of the Council of the College sit in the Court of Examiners; or if he accept office as an examiner, that he vacate his seat on the Council.

b. That any Fellow of the College, whether in the Council or not, be eligible to a seat on the Board of Examiners.

c. That every member of that Board be annually elected; that a member be eligible for re-election — say for five or seven years, but that he cannot hold office beyond this term.

d. That the payment of the examiners be not dependent on the number of candidates, but consist of a fixed stipend.

4. The vote by proxy is a question that requires serious consideration. It appears to me that it would only be an act of justice to the country Fellows who live beyond a certain distance (say twenty miles from town) to be spared the expense and loss of time entailed by a journey, and to be permitted to record their votes by proxy papers properly attested.

5 (and last). I believe that the publication of the proceedings of the Council is only a matter of justice to the Fellows at large, who have a perfect right to be kept informed of the proceedings of their own representatives.

These, Sir, are the opinions that I hold with regard to some of the more important points connected with the administration of the College of Surgeons. These opinions have been held for many years past, and I should be prepared to maintain them to the best of my power, if elected to a seat in the Council of the College.

I am, Sir, your obedient servant,

JOHN ERIC ERICHSEN,
Senior Surgeon to, and Holme Professor of Clinical Surgery at, University College Hospital.

Cavendish-place, May 27th, 1869.

VACCINATION DIRECT FROM THE HEIFER.

To the Editor of THE LANCET.

SIR,—I have read with much pleasure Dr. Seaton's letter on the subject of "Animal Vaccination," published in THE LANCET of the 29th of May. I entirely endorse Dr. Seaton's first proposition,—"by all means, if animal vaccination be as sure and successful as vaccination practised from the arm, let parents have their choice; and, on the other hand, if it be less sure and less successful, let us stand by that which has stood us in such good stead." I will even go a step further, and say, let us only admit the practice of animal vaccination in this country if in success and safety it is acknowledged as superior to the present system.

Animal vaccination being at the present time practised in London, any medical man desirous of studying the question will experience no difficulty in arriving at a conclusion as to its value or not. I wish it was possible for me to practise animal vaccination on a larger scale than at present, in my unaided position, I am able to do; but fortunately thousands—nay, hundreds—of cases are not required to allow a competent judge to test the value of the system,—a few are quite sufficient. And suppose that in ten first cases I was unsuccessful, or if the character of the vesicles and of the cicatrices, the initiatory fever and the general action, were less marked—the results, in a word, inferior, and below the average of what daily takes place when humanised lymph is used, I would have waited for no one to pass condemnation, and have been the first to inform the profession, through your widely-spread journal, of the unfavourable results obtained; and with the same desire to state but facts in all their accuracy (as I have already done on the subject of preserved heifer's lymph), corrected the impression I had received abroad. The results, however, I have until now obtained are so good, and so superior, that my sole ambition is that Dr. Seaton will kindly condescend to afford me the opportunity of showing him the comparative value of both systems, when, I feel confident, imbued as he is but with the desire of perfecting a great sanitary measure he has already so ably managed, he will, unprejudiced, give on the subject an unbiased opinion, to which beforehand I am willing to assent.

Dr. Seaton, in his observations in reply to the notice that appeared in THE LANCET on Animal Vaccination, makes some remarks, intended, he says, to correct some misapprehensions, and not addressed to the merits or demerits of animal vaccination. It so happens, however, that those so-called misapprehensions are the very *raison d'être* of animal vaccination. The great weight of Dr. Seaton's name obliges me to say a word upon the subject, however much I regret to differ on some points from such a high authority on the matter.

There is, first, a charge, a very slight examination of which will overthrow it, and which, I have no doubt, Dr. Seaton himself will acknowledge unfounded. Dr. Seaton says, "Do its advocates really imagine that they are doing themselves any service by pandering to the prejudice, which is often entertained by the ignorant?..... And when they talk of the ailments arising from the use of degenerate lymph (!), do they forget, or have they read of, the results of 'bestial humours'?" &c. Now, animal vaccination is of very recent date, at least in France and Belgium, where the question has been the subject of much controversy; in England it is hardly born. Therefore, can the advocate of

that system be charged with having spread prejudice in the public mind, and pandered to the ignorant? In England have not medical men, long ago, depreciated vaccination to an incredible extent? but, unlike the advocates of animal vaccination, they have proposed no substitute for the great blessing of which they cruelly endeavoured to deprive mankind. Is it to the advocates of animal vaccination that the public mind is so prejudiced that if vaccination was not made compulsory by Act of Parliament, few indeed would be those who would submit to it? Are they the promoters of Anti-vaccine Leagues? Is it through their evil influence that thousands yearly submit to fines, nay, imprisonment, rather than allow their children to be vaccinated? Need I say, No! Neither in France, Italy, nor Belgium, any more than in England, have they been creating prejudices. These existed long before them. They found them in all, examined them carefully, and admitted that to some extent, as indeed many eminent medical men in all countries believe, that *all* is not prejudice, and that, though infinitely small compared with the exaggerated popular belief, evils nevertheless exist. They have limited the possible extent of the few disadvantages of an operation generally inoffensive; and, instead of casting a reproach on vaccination itself, they desire to remove all possible objection by offering to a frightened population a safe and sure prophylactic. No one now, not even the ignorant, believes in bestial humours; and, to the credit of the adversaries of animal vaccination (and for a time they were numerous and strong), never has, in the most animated discussion, that worthless argument been brought forward. Nor would it be an argument against animal vaccination alone: if any is a "double-edged weapon," this one would certainly be; for, after all, what is human vaccine *supposed to be* but cow-pox transmitted in its purity through successive generations, consequently presenting all the impurities, if they exist, of the original stock, plus, we could retort, the morbid influences impressed upon it by its transmission through many human generations.

"That the supply of lymph is often scanty, and the character indifferent," are also questions so intimately connected with animal vaccination, that in order to make the system comprehensible to all, I must here state my opinion on the subject.

Dr. Seaton acknowledges that twelve years ago the resources of the National Vaccine Establishment were at an almost desperately low ebb, but from steps then taken, and since steadily pursued, they are now amply sufficient. It is certainly gratifying to hear this assurance from a person so competent, and possessed with such a thorough knowledge of the question: I willingly accept it, leaving future events to bear out Dr. Seaton's assertion. Others are, however, not quite so sanguine. Dr. Ballard, for example, states in his book "On Vaccination," &c., p. 215, "that in 1863" (consequently only *six years* ago), "when I had occasion to urge on the vaccination among a large population, in consequence of the epidemic outbreak of small-pox, recourse was had very largely to dry lymph, and the demand for 'points' was so great that they were charged from almost any subject capable of supplying lymph. Many hundreds of such charged points came under my supervision, and I had occasion to reject a considerable proportion on account of their being tinged with blood. The emergency was so great, and the demand for an immediate protection was so extensive, that any points which I could supply were greedily taken into use. Now, what occurred at that time was but a sample of what may fairly be expected to occur whenever private and public vaccination come suddenly into requisition."

I will only remark that, like guns and rifles brought to perfection in arsenals, their real test is only to be found in active warfare. Epidemics are our battle-fields; only after we have triumphed in the struggle can the best arrangements—and I have no doubt those conducted by Dr. Seaton are such—claim to be perfect and complete. Animal vaccination, no one denies, will always supply an abundance of good lymph; in other countries, in times of epidemic, it has proved of great value. Why not avail ourselves of its assistance in England, even admitting that every possible eventuality has been carefully considered. Here, as elsewhere, a powerful ally is not to be despised.

And now as to the character of the lymph. My letter is already, I am afraid, rather long, and I well know how valuable is your space; I will therefore be brief, trusting to receive again shortly your hospitality for a more lengthened discussion of that important question. Apart entirely from animal vaccination, I belong to the large majority of those who feel confident that the lymph now in use has lost much of its former essential qualities; and I unhesitatingly give as my opinion that "it is not satisfactory."

What is vaccinia? A disease of the cow. Why is it used as a protection against small-pox? Because, on its being inoculated into man, it presents in a mild form the same evolution as that much-dreaded disease. If vaccine is not deeply impressed on the system, of what value is it? None. In these facts the whole question is summed up. The shape and appearance of the vesicle is something, but not all; the further we depart from the symptoms presented when spontaneous cow-pox is inoculated, the more certain we are that the prophylactic is uncertain. What has experience taught us? That when no cicatrices are seen, the liability to contract small-pox, and the mortality, are almost on a par with the unvaccinated; and why on such occasions always throw the blame on the vaccinators, and not on the lymph,—the too often really guilty party? We learn from Mr. Marson's tables that only those who have *four or five good cicatrices* can be considered as well protected, and when affected by contagion, most of them will suffer from it only in a modified form; whilst we know, on the other hand, that Jenner and his followers only made *one puncture*, and in the great majority of cases this was sufficient to ensure immunity against contagion.

Animal vaccination direct from the heifer is certainly not so violent as spontaneous cow-pox taken direct from the cow. This is, however, all to the advantage of the system, as the reaction, though not so severe as when untransmitted cow-pox is used, is still sufficient to induce a good (necessary) reaction, leaving cicatrices indicating a perfect action of the virus.

In concluding, I will simply remark that if Mr. Ceely, as quoted by Dr. Seaton, is quite unequivocal as to the perfectly satisfactory character of the lymph in use, he is very much at variance with a host of experimental vaccinators, such as Kinglake, Estlin, Medicus, Bousquet, Gregory, Steinbreuner, Ballard, &c.

I am, Sir, your obedient servant,

H. BLANC, M.D.

9, Bedford-street, Bedford-square, June 1st, 1869.

UNPROFESSIONAL ADVERTISING.

To the Editor of THE LANCET.

SIR,—I note, in this week's LANCET, your reference to Dr. Fuller's advertising. But why, I ask, do you select him more than other physicians and surgeons—hospital ones too,—to be held up to professional censure?

This question must be met boldly and fairly; and I invite your attention to the advertisements, nominally inserted by the Messrs. Churchill, of medical and surgical works in *The Times* and other newspapers. I say nominally, because everyone knows that these advertisements are charged in the accounts of the authors of the works so advertised. Now if the only object of the authors and publishers of these works was the circulation of them amongst the profession, I would ask, What need of advertising them in newspapers? For most assuredly if the advertisements were restricted (as they should be) to the professional journals, every member of the profession who was at all likely to buy them would thus be readily and legitimately made aware of their publication. If you, Sir, mean to do justice to the subject, tell the truth, the whole truth, and nothing but the truth, as you must know it in common with any other man who knows the world—viz., that all advertisements of medical works, no matter whether inserted by Messrs. Churchill or by the authors themselves, in non-medical journals, are nothing more nor less than addresses to the suffering portion of the public?

I challenge you to insert this letter in your journal, and thus promote professional discussion on the whole question, freed from personalities. Let us hear what plea Messrs. Churchill, their clients, and other professional advertisers can urge against the truth of the charge I have made above.

I am, Sir, your obedient servant,

May 31st, 1869. ONE WHO DOES NOT ADVERTISE.

BRIGHTON SEWAGE.

To the Editor of THE LANCET.

SIR,—IN THE LANCET of last week you say that I am not qualified to report on the sanitary condition of the drainage of Brighton, as I had committed myself to the opinion that the water at the outfall was entirely pure. Now, although this, if true, is no reason whatever for disqualification, as the opinion might be, in every sense of the word, correct; yet I beg to state that until the present inquiry, which is the subject of your remarks, I have not had any opportunity of ascertaining whether the water at the outfall is or is not entirely pure.

Permit me also to say that, after a careful inquiry into the matter, I am satisfied that there is no ground for alarm in respect of the way in which the sewage of Brighton is disposed of. I remain, Sir, yours truly,

HENRY LETHEBY.

Sussex-place, Regent's-park, June 2nd, 1869.

*** We willingly accept the statement of Dr. Letheby, that until the present inquiry he had no opportunity of ascertaining whether the water at the outfall is or is not entirely pure. But it cannot be denied that the sea-drainage system was directly approved by Dr. Letheby in a letter dated April the 30th, 1862, and was adopted by the authorities of Brighton partly in consequence of his sanction. It is only just to Dr. Letheby to add that he appears to have even then preferred the intercepting scheme, and to have foreshadowed the evils which were likely to arise. —ED. L.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

THE very large emigration which has been going on from this port for the last three months, and which still continues, threatens us with an evil which has been brought upon us three or four times before by the same cause—the outbreak of an epidemic. In 1854, and again in 1866, during an excessive emigration, cholera broke out in Liverpool, beginning amongst the German emigrants, and spreading from them all over the town. In other years, Irish and German emigrants, arriving in large numbers, and crowding together in the lodging-houses, have been the foci from which fever has emanated and spread. Dr. Trench seems to be fully alive to the risk we are again exposed to, and, by a watchful supervision of the foreign boarding-houses, endeavours to prevent the evils of over-crowding. Unfortunately, the law allows him only to limit the number of persons sleeping at night in these houses; during the day they may be, and often are, thronged, and he cannot interfere. The emigration during this spring has been exceptionally large, and the proportion of foreigners, mainly Germans, has been fully as great as in any preceding year. In April and May nearly 53,000 persons left the Mersey, and more than half of these were foreigners, who, on their arrival from the Continent, remained in Liverpool for periods varying from three days to three weeks. The number at present in the town is very great. They are to be met with in shoals in almost every street, clad in their thick woollen and stuff clothing; and, generally healthy-looking, they present a striking contrast to the dissipated, wan, starved, and half-naked appearance of thousands of the poor of Liverpool. They stare in amazement at the naked feet and legs, and otherwise scant clothing of hundreds of the population. Many of these emigrants fail to pass the examination of the Government medical inspector—measles and whooping-cough are rife amongst them. In one week ninety-four were taken into the Liverpool Workhouse on account of sickness. Whether the slight increase in the number of deaths from typhus and measles which has lately taken place is due to these emigrants has not been ascertained, but there is some reason for thinking that the greater prevalence of the latter disease, measles, is owing to them.

The members of the Medical Institution celebrated the conclusion of the session of the Medical Society by dining together at the Adelphi Hotel last week. Nearly seventy gentlemen sat down to dinner. A very pleasant evening, and one likely to strengthen the *entente cordiale* in the profession here, was passed.

June 1st, 1869.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

THE discussion at the Obstetrical Society upon Dr. Evory Kennedy's paper on the propriety of doing away with our lying-in hospitals, and substituting in their room cottage hospitals, was resumed on Saturday last by Dr. Beatty, who, in a very able paper, opposed Dr. Kennedy's views. Dr. Stokes next addressed the meeting in a philosophical speech, in which he supported the views enunciated by Dr. Beatty. Whilst acknowledging that he was not an accoucheur, and that, in fact, he never had been in all his life present at an accouchement, still he had been repeatedly called into consultation in cases of metria, and he conceived it to be his duty to state the conclusions he had arrived at, looking upon the subject from the standpoint of a consulting physician of more than forty years' experience. Whilst doing full justice to the zeal and unquestioned abilities of Dr. Kennedy, Dr. Stokes felt bound to express himself as a dissentient from the views which he advocated. The debate for that evening was wound up by Dr. Henry Kennedy in some interesting remarks, in which substantially he supported the views enunciated by Drs. Beatty and Stokes, after which the meeting was adjourned to that night week.

The annual meeting of the Fellows of the College of Surgeons, fixed by charter to be held on the last Monday in May, to receive the Report of the Council for the past year, was held yesterday, and, as I anticipated in my last letter would be the case, the Report gave pretty general satisfaction. A portion of the Fellows, however, are anxious for a new charter for the College; and a recommendation to the Council was adopted, that they should take the subject into consideration, and report upon it to the Fellows at large at a future meeting to be specially summoned for that purpose. One of the principal objects for which a new charter is desired, is to facilitate the co-optation of new Fellows, the present mode (by examination) being considered unfair towards the licentiates of the College. The subject is of a most important nature, and will require, and no doubt receive, the maturest consideration upon all sides.

A most interesting ceremonial takes place next Thursday afternoon, at the College of Physicians, a beautiful statue, in marble, of Sir Dominic Corrigan being about to be presented to the College by a number of his friends and admirers, in recognition of the important services which he has rendered to the College, notable amongst which is the leading part he took in procuring for them their present handsome hall. A large and influential attendance of our leading citizens is expected upon the occasion; and there is but little doubt that the proceedings will be of a most interesting character.

Professor Cameron's lectures upon Hygiene seem to increase in their attraction for both the profession and the public, many of the latter presenting themselves in the theatre of the College of Surgeons fully an hour before the commencement of the lectures, in order to secure good places.

Dublin, June 1st, 1869.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

CLAUDE BERNARD'S RECEPTION AT THE FRENCH ACADEMY.

THE formal reception of Claude Bernard at the French Academy took place on Friday last. The large hall of the Palais Mazarin was literally crowded, and among the audience were to be seen the chief literary and scientific celebrities of the city. As is usual, however, on such occasions, the larger part of the attendance was composed of ladies, who show a peculiar eagerness to be present at the literary *fêtes* of the Academy, however dry and classical

these may seem on first sight. Claude Bernard's harangue proved a masterly production from both a scientific and a literary point of view, and was listened to with the deepest attention. It had not, of course, that peculiar success which attends the harangues usually delivered at the *séances de réception* of the French Academy, and which attaches rather to the political allusions and to the covered shafts which are directed against the Government, than to the subject of the discourse. But the great interest of the subjects which the author treated of, the elevated tone of his discourse, and the elegant literary form in which it was presented, created a deep impression, and rendered the whole harangue a very successful one indeed. M. Patin, a distinguished scholar and writer, was the member entrusted with the duty of receiving Claude Bernard, and of responding to the inaugural harangue of the great French physiologist. His discourse being more strictly literary, exhibited more of the spirit to which I have just alluded, and was agreeably sprinkled with anecdotes and witty allusions. According to the invariable custom of the Academy, the harangue of the newly-received associate must be a panegyric of the deceased member whom he has succeeded; whilst the respondent speaks in eulogistic terms of the new associate, and of the departed one. M. Claude Bernard, therefore, devoted the whole of his discourse to the life and labours of Flourens, and in turn received a large tribute of praise from M. Patin.

Before entering into the consideration of Flourens' merits, M. Claude Bernard warmly thanked the Academy for the honour which it had conferred upon him, and wished to show the alliance between letters and science. This was done in very appropriate terms, and a passage from this portion of his discourse deserves to be transcribed:—

"It has been said with justice that literature is the elder sister of science. It is the law of the intellectual evolution of nations, which have always produced their poets and their philosophers before forming their *savants*. In this progressive development of humanity, poetry, philosophy, and the sciences express the other phases of our intelligence, passing successively through sentiment, reason, and experience; but in order that our knowledge may be complete, an inverse elaboration must be accomplished, and experience, tracing facts to their cause, must in turn enlighten our mind, purify our sentiment, and fortify our reason. This proves to us that letters, philosophy, and science must unite in the search after truth."

A little further on, the celebrated *savant* spoke in the following trite terms of the interest which now attaches to physiology, and of the intimate connexion of this science with literary and philosophical research:—

"Physiology, which explains the phenomena of life, constitutes a sort of intermediate science, taking root in the physical sciences of nature, and upraising its branches to the philosophical sciences of the mind. It seems, therefore, naturally destined to form a link between the two orders of sciences, having its solid foundation in the former, and giving to the latter the support which is indispensable to them. Thus it is that the rapid and brilliant progress of modern physiology excites a general interest, and attracts more and more the serious attention of philosophers, and of all those who, like you, gentlemen, dwell in the higher regions of thought and mind. It is to this circumstance, doubtless, that I am indebted for having been distinguished by you in the midst of my learned *confrères*."

M. Claude Bernard then reviewed the life and writings of Flourens, and in doing so pointed out the value, and related the conquests, of modern experiment.

THE SCHOOL OF MEDICINE.

The Whitsuntide vacation at the Faculty has been much longer this year than usual, the professors having considered it necessary to give a whole week for repose and reflection to the irritated students. This has been followed by the desired effect. The lectures have been resumed without any renewal of the disturbances which had marked the week preceding Whitsuntide. M. Regnault, whose alleged severity at the examinations in the accessory sciences had given rise to the outbreak of hostility against the third examination for the doctorate, stated, on resuming his lectures, that the six months' postponement of the two rejected candidates had been reduced to three months. This announcement was followed by the warm plaudits of the students, who declared themselves satisfied for the time being, and whilst awaiting a total reform of the present curriculum. The Professor then delivered his lecture amidst the greatest tranquillity, and since then has been left quite undisturbed.

Amongst the reforms which will shortly be introduced into the curriculum of the Faculty, there will certainly be a far greater extension of the clinical department. M. Wurtz, the dean, who is now publishing the results of his recent official mission in Germany, whither he was sent for the purpose of studying the medical institutions of that country, insists, in his report, on the necessity of developing the clinical department of the studies in the Paris School of Medicine. He mentions that the French are in this respect far behind their German neighbours.

The *concours* for the *agrégé*-ship in surgery is drawing towards its close. The argumentation of the theses has been very sharp indeed, and I have attended two *séances* in which I may say that the candidates who were "sitting for their theses" were literally bullied by their opponents. I confess I cannot see how it can be in the interest of one's *candidature* to bully the gentleman whose thesis is in question, and to gesticulate and become quite red in the face, to the astonishment and great amusement of the gallery. Perhaps the employment of serious and cogent arguments, set forth in courteous terms, would be more to the purpose.

HEALTH OF PARIS.

The health of Paris still continues to be excellent. Cases of typhoid and intermittent fever, rheumatism, and gastric disorder predominate in the hospitals and in civil practice. Typhoid fever is becoming much less frequent, and there is no appearance of any approaching epidemic.

PROPHYLAXIS OF CHOLERA.

M. Barth concluded his Report on Cholera at the last meeting of the Academy of Medicine. After having rejected the theory that cholera is the result of a miasm which originates in India, and is transferred to various countries through atmospheric currents, M. Barth came to the conclusion that cholera, though taking birth in India, *may* be generated in other countries through a concourse of circumstances, and, at all events, is transferred to other lands by man, and not by atmospheric influences. The importance of prophylactic measures was greatly insisted upon. M. Fauvel praised the hygienic and preventive measures which had been adopted in the East, remarked that they were, however, insufficient, and stated his intention to make a full communication on the question of quarantine at a forthcoming meeting.

NEW PARISIAN BOOKS.

"Leçons Cliniques sur les Maladies Chirurgicales des Enfants," par M. J. Giraldès, 3e et dernier fascicule: A. Delahaye. "Traité des Affections de la Peau," par E. Baudot, d'après les doctrines de M. Bazin: F. Savy. "De la Pleurésie Purulente," par F. Damaschino: G. Baillière. "Des Différentes Espèces de Néphrite," par V. Cornil: G. Baillière.

Paris, June 1st, 1869.

MEDICAL TRIAL.

COURT OF QUEEN'S BENCH, WESTMINSTER, JUNE 2.

(*Sittings in Banco, before the* LORD CHIEF JUSTICE, Mr. Justice MELLOR, Mr. Justice LUSH, *and* Mr. Justice HAYES.)

THE QUEEN V. DIPLOCK.

This was a *quo warranto* to try the validity of the election of Dr. Diplock as Coroner of Middlesex, and the question was whether the sheriff's declaration at the poll that he was duly elected was a judicial act, which (in the absence of any appeal or demand of scrutiny) could not be impeached or impugned.

Mr. Keane and Mr. Day were for the Coroner; Mr. Gray was for the applicant.

The Court gave judgment for the Coroner, holding that the sheriff's duty in the matter was judicial. Originally he would have taken a scrutiny, as in ancient times (and, indeed, within living memory) the sheriff was wont to do at elections to Parliament. In such a case it could not have been contended that

there could have been an appeal to this court, and, through this court, to a jury, and by means of a scrutiny to be conducted before a jury. The statutes on the subject had, indeed, limited the election to one day, within which time, indeed, there could not be a scrutiny. But the Legislature had substituted a kind of rough scrutiny at the poll—by means of the administration of an oath. It was true that this might be unsatisfactory, and that persons might swear they were freeholders when they were not so. It would appear, however, that, upon the whole, the Legislature had thought this proceeding preferable. No doubt a *quo warranto* might lie for the office of coroner in certain cases, but here there was only a demand of a scrutiny, for which a jury were not fitted.

Judgment for the defendant, the Coroner.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on May 27th:—

Bourne, Charles Rosser, Camberwell New-road.
Bunting, James, Mile-end-road.
Fox, Edward Charlton, Cockfield, Durham.
Parsons, Thomas Edward, Islip, Oxon.

KING'S COLLEGE.—On Wednesday, the Archbishop of Canterbury presided at the distribution of prizes to the students of the medical department. The Bishops of London and Gloucester, Dr. Jelf (the late principal), Dr. Barry (the principal), and nearly the whole of the professional staff, were present. Dr. Barry tendered his Grace a hearty welcome on his first appearance at the College as a visitor, and told him he regarded his presence as proof that the onerous duties which devolved upon him in his exalted office had not robbed him of the interest which he had always evinced in the proceedings of the institution. The Principal then referred in satisfactory terms to the conduct and progress of the students, after which the scholarships and prizes were disposed of as follows:—Scholarships: A. Cotterill, Senior Scholar; A. W. Blyth, 2nd year Scholar; J. H. Philpot, A. Duncan, and G. Bomford, Junior Scholars. J. H. Philpot and A. Duncan, Warneford Scholarship, Class 1; F. R. Cross, ditto, Class 2. Warneford Prizes: A. Cotterill, first prize; second prize not awarded. Leathes Prize: J. N. Rat. Anatomy: W. Berry. Physiology: G. C. Briggs. Chemistry: G. C. Briggs. Medicine: A. T. Gibbings. Surgery: E. B. Roche. Clinical Medicine: A. Cotterill. Clinical Surgery: A. T. Gibbings. Practical Chemistry: A. W. Blyth. Forensic Medicine: U. Pritchard. Botany: H. J. Rope. Obstetric Medicine: C. Mayhew. Materia Medica: G. le Hunt Rowland. Comparative Anatomy: J. N. Rat. Clinical Medicine: C. Mayhew. Clinical Surgery: U. Pritchard. Todd Clinical Medicine: G. H. Pedler. The following gentlemen were elected Associates of the College:—G. Amsden, F. Argles, H. Bland, E. Casey, A. Cotterill, J. Curnow, W. Little, F. Marshall, U. Pritchard, and J. P. Richards. A large number of certificates of honour were awarded. A vote of thanks to his Grace, moved by the Bishop of London, and seconded by Dr. Jelf, brought the proceedings to a close.

ARMY MEDICAL DEPARTMENT.—The annual meetings of the Army Medical Officers' Friendly Society, and also of the Benevolent Society, took place at the office of the Army Medical Department, Whitehall Yard, on Saturday last, the 29th ult., the Director-General in the chair. There was a numerous attendance of members, owing probably to the fact of the annual dinner of the department having occurred the evening previous at Willis's Rooms. We congratulate the department generally upon the increased popularity of so deserving a charity as the Widows' Benevolent Fund, but we regret deeply to find that the Friendly Society, which is, in fact, one of an insurance character, and which for so many years was exceedingly popular with all ranks of the department, should have so far lapsed into comparative obscurity that it comprised last year no more than 175 members, whereas in the year 1853 it consisted of 463. We hope, for the credit of the medical department of the army, and in memory of the illustrious founder and eminent supporter, Sir James McGrigor, that the committee will use every effort to restore it to its former position of popularity. We have heard of several causes which deter young medical officers from joining the Society on entering the service, but we prefer to reserve any remarks on the subject until a future occasion, feeling sure that the appointment of a sub-committee from amongst the members generally, not officially connected with the management of the Society, is a step in the right direction, from whose investigations some important practical suggestions may be anticipated; and we wish them every success.

THE ANNUAL VIEW AT ST. BARTHOLOMEW'S.—On Tuesday last the usual yearly inspection of this hospital by the governors took place. His Royal Highness the Prince of Wales, as President of the hospital, the Princess of Wales, and the Crown Prince of Denmark, arrived about 1 o'clock. The Prince of Wales was conducted to the court-room, which has recently been re-embellished, and the usual business matters relative to the governance of the hospital was transacted. A letter was read from Mr. Paget, stating that the Princess Louise desired through him to present a series of chromo-lithographs of Raphael's cartoons for the surgical wards. The President next inspected the new plans for a story about to be added to one of the wings of the hospital. The Royal party subsequently visited the wards, making many kind personal inquiries of the patients. The whole medical staff was in attendance. The Royal visitors left the hospital shortly after 2 o'clock.

THE LEVEE. — The following presentations took place at the *levée* which was held on Tuesday last, on behalf of Her Majesty by the Prince of Wales:—Dr. A. Armstrong, R.N., on appointment as Director-General of the Navy, by the First Lord of the Admiralty. Dr. Robinson Bowstead (Bombay Army), on return from Abyssinia, by the Secretary of State. Dr. Vernon Bell, by General Cuppage. Mr. Robert Ellis, by the First Lord of the Admiralty. Surgeon Goodchild, by Lord Leigh. Staff-Surgeon D. T. N. Holman, R.N., H.M.S. *Ariadne*, by the Medical Director-General of the Navy. Deputy Inspector-General of Hospitals Dr. Longmore, by the Adjutant-General. Dr. C. D. F. Phillips, by Lord Alfred Leveson Gower. Dr. A. F. Scott, by the Secretary of State for India. The following attended the *levée*:—Sir Henry Thompson, Drs. Baines, Brewer, M.P., Forbes, Goodday, Day Goss, Francis Hawkins, Winter, Nicoll, Lyon Playfair, M.P., Read, Sieveking, Swettenham, and Sall, and Mr. T. Wakley.

RIVERS' POLLUTION COMMISSION.—General Sir W. Denison, Dr. Franklin, and Mr. Morton, the Commissioners appointed to inquire touching the pollution of the Mersey and the Ribble, and their tributaries, sat at St. George's Hall, Liverpool, on Tuesday. General Sir W. Denison reviewed what had already been done at some length. He said that owing to the position of Liverpool on an arm of the sea, with a strong tideway, it would not be materially affected by the results of the Commission. Dr. Trench, medical officer of health, and Mr. Newlands, borough engineer, of Liverpool, were, however, examined as to the water-supply of the town, the sewage system, and the prevalence of epidemics.

MR. ESSEX THOMAS WILLIAMS, surgeon, of Penberry, has been poisoned by a solution of strychnine, supplied by error of wholesale chemists instead of solution of morphia. A verdict of "Poisoning by Misadventure" was returned by the jury.

THE City Corporation Buildings for the working classes, in Farringdon-street, now contain a population of 867 inhabitants, occupying 168 separate tenements. A dividend of upwards of £4 per cent. has been already paid on the money invested by the Corporation, who will, we trust, be encouraged to continue their experiment on a yet more extensive scale.

WE hear with pleasure that the departure of Mr. Peabody from this country to his native land is not intended to be final, and that there is a probability of his returning in the course of a year, by which time we hope that his health, which is now said to be impaired, will be completely restored, and that he may live amongst us for many years to come.

Medical Appointments.

BEDARD, T. T., M.R.C.S.E., has been appointed Medical Officer for the Altrincham District of the Altrincham Union, Cheshire, vice N. Rogers, M.R.C.S.E., deceased.

BOULTON, A. E., M.R.C.S.E., has been elected a Medical Officer to the Dispensary, Horncastle, Lincolnshire.

CAHILL, J. G., L.K.Q.C.P.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Ballynacargy Dispensary District of the Mullingar Union, Co. Westmeath, and Surgeon to the Ballynacargy Constabulary, vice John F. West, M.R.C.S.E., deceased.

CALLENDER, Mr. E., has been appointed Public Vaccinator to the Townships of Shields and Westoe.

CAREY, R. B., L.K.Q.C.P.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Borris Dispensary District of the Carlow Union, and for the St. Mullin's Dispensary District of the New Ross Union, vice Brown, resigned.

CHESNUT, J. W., M.D., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Aboghill Dispensary District of the Ballymena Union, Co. Antrim, vice John Weir, M.D., resigned.

CUMMING, Dr. J., has been appointed Resident Surgeon to the Royal Hospital for Sick Children, Edinburgh, vice Bell, whose term of office had expired.

DAVIES, H. N., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Lower District of the Parish of Ystra-dyfodwg, in the Pontypridd Union, vice Wm. Evans, L.R.C.P.Ed., deceased.

DELANEY, Dr., has been appointed Medical Officer for the newly formed Northern Division of the Castlebar Dispensary District of the Castlebar Union, Co. Mayo.

DOUGLAS, G., M.D., has been appointed a Medical Officer to the Gateshead Dispensary, vice Wm. Jollie, M.D., deceased.

ELMES, W. H., M.R.C.S.E., has been appointed House-Surgeon and Apothecary to the General Dispensary, Retford, Nottinghamshire, vice C. E. H. Rogers, L.R.C.P.L., resigned.

GAY, J., jun., M.R.C.S.E., has been appointed Medical Officer for District No. 2 and the Workhouse of the Highworth and Swindon Union, Wilts, vice J. Gay, M.R.C.S.E., resigned.

GOODICKE, F. W. E. R., L.F.P. & S.Glas., has been appointed Medical Officer for the East Ham and Little Ilford District of the West Ham Union, vice J. Byrne, M.R.C.S.E., deceased.

GOURLEY, S., M.D., has been appointed Medical Officer for the Stranton District of the Hartlepool Union, Durham, vice Geo. Kirk, L.R.C.P.Ed., resigned.

JOHNSON, Mr. J., has been appointed Medical Officer for the Southern District of the Lancaster Union, vice James P. Irvine, L.R.C.P.Ed., resigned.

LAMB, S., M.R.C.S.E., has been appointed Medical Officer for the Astley District of the Martley Union, Worcestershire, vice A. J. G. Waters, L.R.C.P.Ed., resigned.

LOMAX, W. J., M.R.C.S.E., has been appointed a Medical Officer to the Lincoln General Dispensary.

LOWE, G. M., M.B., has been appointed a Medical Officer to the Lincoln General Dispensary.

MACDONALD, R., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Parish of Ardnamurchan, Argyleshire, vice G. A. Macrae, M.B., resigned.

MAYOU, G., M.D., has been elected Medical Officer for the Trelleck District of the Monmouth Union.

MITCHELL, S., M.D., has been appointed Physician to the Sheffield Public Hospital and Dispensary, vice Smith, resigned.

PARRY, E., M.R.C.S.E., has been reappointed Public Vaccinator for No. 1 or Crickhowell District of the Crickhowell Union.

PARSONS, F. H., M.D., has been appointed Admiralty Surgeon and Agent at Barking, vice F. M. D. Davidson, L.R.C.P.Ed., resigned.

PULLAR, A., M.B., has been appointed Physician to the Westminster General Dispensary, vice W. H. Stone, M.B., resigned.

REYS, W., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Upper District of the Ystra-dyfodwg Parish of the Pontypridd Union, Glamorganshire, vice Wm. Evans, L.R.C.P.Ed., deceased.

SANDIFORD, G. T., M.D., F.R.C.S.Ed., has been appointed Medical Officer to the Mogul Serai Station of the East Indian Railway, Bengal.

SUTCLIFFE, W. H., M.R.C.S.E., has been appointed Medical Officer for the Tabley District of the Altrincham Union, Cheshire, vice C. A. Merriman, M.R.C.S.E., resigned.

TATHAM, J. F. W., L.R.C.P.Ed., has been appointed Medical Officer for the Whalton District of the Castle Ward Union, Northumberland, vice Vardy, resigned.

THOMSON, Dr. E., has been appointed Assistant to the Extra Physicians at the Royal Hospital for Sick Children, Edinburgh, vice Cumming, appointed Resident Surgeon.

WALKER, B., M.R.C.S.E., has been appointed a Public Vaccinator by the Rotherham Board of Guardians.

WHITELEY, Mr. B., Dispenser to the York County Hospital, has been appointed Dispenser to the New Leeds Infirmary.

WOLSTENHOLME, J. H., M.R.C.S.E., has been reappointed Medical Officer and Public Vaccinator for the 1st Division of the Whitford District of the Holywell Union, Flintshire.

Births, Marriages, and Deaths.

BIRTHS.

ASHDOWN.—On the 22nd ult., the wife of G. Ashdown, M.R.C.S.E., of Northampton, of a son.

BASTIAN.—On the 27th ult., at Avenue-road, Regent's-park, the wife of H. Charlton Bastian, M.D., of a son.

GOULDSBURY.—On the 22nd ult., at St. Stephen's-road, Westbourne-park, the wife of V. Skipton Gouldsbury, M.D., Staff Assistant-Surgeon Army, of a daughter.

GRACE.—On the 25th ult., at Thornbury, the wife of Dr. E. M. Grace, of a daughter.

PEARSE.—On the 21st ult., at Rotesdale, Suffolk, the wife of A. Pearse, M.D., of a daughter.

MARRIAGES.

LLOYD—RICH.—On the 27th ult., at Holy Trinity Church, Hounslow, T. Franklin Lloyd, M.R.C.S.E., of Finsbury-circus, to Emily, daughter of G. W. Rich, Esq.

WARE—ARTHUR.—On the 31st ult., at St. Luke's Parish Church, Chelsea, Martindale Ward, L.R.C.P., F.R.C.S.E., &c., to Mary Ann, widow of the late Joseph Arthur, M.D., also of Chelsea.

DEATHS.

CHRISTIE.—On the 25th ult., Thomas Christie, F.F.P. & S. Glas., of Duncon, Argyleshire, late of Glasgow.

HAMILTON.—On the 26th ult., R. Hamilton, L.F.P. & S. Glas., of Bonkle, Cambusnethan, Lanarkshire, aged 70.

MILLAR.—On the 21st ult., at Edinburgh, James Millar, M.D., Staff Surgeon Army, formerly of the Royal Canadian Rifles.

OGDEN.—On the 1st inst., James Ogden, M.D., of Hyde-road, Manchester, aged 70.

TAYLOR.—On the 25th ult., of apoplexy, supervening on Bright's disease, at the house of her brother, J. H. Partridge, Esq., of Colchester, Susanna Green, wife of Thomas Taylor, M.R.C.S., of Bocking, Essex.

Medical Diary of the Week.

Monday, June 7.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. General Monthly Meeting.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Le Gros Clark, "On the Principles and Practice of Surgical Diagnosis, especially in relation to Shock and Visceral Lesions."
ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M. Mr. Alfred Coleman, "On the Treatment of Periodontitis by Replantation."

Tuesday, June 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Mr. J. W. Hulke, "On the Minute Anatomy of the Eye."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8 P.M. Ballot.—8½ P.M. Mr. Poland, "On Subclavian Aneurism and Wounds of the Subclavian Artery."
ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. Sir Wm. Denison and Major Pearce, "On Indian Ethology."

Wednesday, June 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Le Gros Clark, "On the Principles and Practice of Surgical Diagnosis, especially in relation to Shock and Visceral Lesions."
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Mr. Henry S. Taylor, "On Scarlet Fever in Guildford, 1868."—"Depopulation of Vanni District, Ceylon." Communicated by the Colonial Office.

Thursday, June 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, June 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Le Gros Clark, "On the Principles and Practice of Surgical Diagnosis, especially in relation to Shock and Visceral Lesions."

Saturday, June 12.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. E. Deutsch, "On Semitic Culture."

Notes, Short Comments, and Answers to Correspondents.

"CUTANEOUS ANGUISH AND SUFFERING."

THE annual dinner on behalf of the Hospital for Diseases of the Skin was held a few days since, and in the account of the meeting in some of the daily papers a quotation is given from the Report of the hospital, affirming that "by far the greater number of patients have been those afflicted with the severer forms of cutaneous diseases, such as psoriasis, lupus, scrofulous ulcerations, impetigo, eczema, &c. The *anguish* and *suffering* included under these scientific names are known only to the medical practitioner and to those who are the victims of these diseases." Indeed! Verily, we always found that the diseases here named were amongst the least painful affections. The anguish and suffering can only be known in the imagination of the writer of the report. There is a deficiency in the funds of the hospital, though the patients contribute largely, as much as two-thirds of the income; and this shows that the public are beginning to recognise the fact that special skin hospitals are quite needless, now that every general hospital in London makes special provision for the treatment of cutaneous diseases.

W. D. M.—The licence in question confers the privilege of being an assistant, and it will not enable our correspondent to register under the Pharmacy Act. In order to do that, a special examination must be undergone at the Pharmaceutical Society.

Professor Syme's paper on "Medical Education" shall appear next week.

THE VACCINATION ACTS AMENDMENT BILL.

To the Editor of THE LANCET.

SIR,—I quite agree with your correspondent's remark as to the tendency of the Marquis Townshend's Bill being "to put a stop altogether to vaccination in country districts."

I hold an exclusive Poor-law appointment, comprising a small town, with its workhouse, and a large country district, for all of which are seven vaccination stations, visited three times one month in each quarter of the year, except the town station, which is open for the purpose once a week.

Should the Act become law, either I must take the child from whom I purpose taking lymph to two medical men, and if they are out, go to others, and so go perhaps the round of them all, and possibly find all from home; or the custodian of the child must do so without me, and perhaps with a like result; or I must secure the attendance at each of the six country stations at least twice a quarter, which in the year would amount to forty-eight times, besides at the town station, if necessary, once a week, supposing I could do so, which is not reasonable to expect. But so doing I must lay myself under an obligation to two or more medical men, which I should not like to do, or offer to pay them, which they would not like, and I should be out of pocket. Should none of them be at home—for there are only four in the town besides myself,—or they were unwilling to serve their country gratuitously so far as the law made any payment (and these, I think, are not unreasonable anticipations), I cannot take lymph, children cannot be vaccinated, and the Vaccination Act will become obsolete from absolute impossibility to carry out its requirements; or if lymph may occasionally be procured under the proposed new Act, this will not be sufficiently frequent for the demand, and so the Act of 1867 will be nullified.

Anyhow the Marquis's Act will put so serious an obstacle to the efficient working of the Act of 1867, that I shall have, as soon as the former becomes law, to give up my appointment, which is worth to me now between £25 to £30 per annum—more than I should care to lose.

Now the public vaccinators have to enter in the registers particulars which are arranged under fifteen heads, under the eighth of which the source of the lymph used has to be indicated. This surely is enough for all practical purposes, for the registrar is a witness against himself; and if he be not honest, and either makes an incorrect entry, or obtains lymph from an unhealthy child, he is open to discovery by a vigilant and energetic inspector; and so in this as well as in other respects the Vaccination Act of 1867 provides for the effectual carrying out of its provisions.

Therefore I hope with all my heart that the Marquis's Act will not pass, and I shall be happy to sign any petition that may be sent to me against it.

I am, Sir, your obedient servant,
Herefordshire, May 31st, 1869. A PUBLIC VACCINATOR.

EAST LONDON.

MR. HECKFORD'S letter to *The Times*, on the sanitary condition of the Eastern districts of London, draws attention to the fact that those districts are the head-quarters of epidemic disease in the metropolis. Thus last year East London sent 1014 cases of typhus to the Fever Hospital, being 102 more than were sent by all the rest of the metropolis. And out of 359 deaths that have occurred in London from scarlatina during the last eight weeks, 140 took place in the East London districts.

Dr. Wm. B. Dow, (Dunfermline.)—If our correspondent could forward a very short abstract of the cases, they shall be inserted.

A Physician.—The diploma in question gives the holder the right to practise surgery only.

BONE-SETTERS.

To the Editor of THE LANCET.

SIR,—In reference to the subject of "bone-setters," which has recently received a little attention amongst your "Short Comments," &c., I would suggest that no medical man reduce a dislocation till his fee, and that an unusually high one, has been paid. A patient, for whom I had reduced a dislocation of the shoulder, was lately told by one of these men that I had only put one bone right, and that the other was still "out." The system I advocate would only be applicable to country districts; but that is just where the annoyance is most felt. Yours obediently,
May 22nd, 1869. M.D.

"THE CLERGY AND THE SICK POOR."

IT will be remembered that we gave the particulars on March 20th of an interference on the part of the Rev. C. Lloyd with the duties of Dr. Kirkland, the medical officer of the Amersham Union; Mr. Lloyd asserting that Dr. Kirkland had not paid proper attention to a certain pauper named Wagstaff. A charge of neglect was made against Dr. Kirkland, and referred to the Poor-law Board, and signally failed to be substantiated. The Board of Guardians, of which the Rev. Mr. Lloyd is Chairman, then passed the following resolution, which was transmitted officially to Dr. Kirkland:—

"Proposed by John Hale, Esq., and seconded by the Rev. Joshua Greaves, and carried unanimously,—That this Board regrets the correspondence that has taken place between the Rev. Chas. Lloyd and Dr. Kirkland; that they think the latter gentleman misunderstood Mr. Lloyd's second letter, but consider the very strong expression contained in Dr. Kirkland's letter of the 6th March, 1869, ill-advised and uncalled for, and this Board hopes that the expression will be withdrawn by Dr. Kirkland."

Dr. Kirkland replied as follows:—

"Gold Hill, May 31st, 1869.

"GENTLEMEN,—I beg to thank you for your letter of the 19th May, containing copy of a proposition passed by your Board on its last meeting, and having reference to correspondence which has passed between the Rev. C. Lloyd and myself. I presume the expression referred to is the word "impertinent." As the letters written by me were of a private nature, and quite unofficial, I do not feel justified in acceding to the request of the Board to withdraw the expression complained of. At the same time I cordially unite with you in regretting that such correspondence should have taken place. "I am yours, &c.,
"A. KIRKLAND."

If our readers will refer to our original notice of the matter, they will perceive that an apology is rather due from Mr. Lloyd to Dr. Kirkland than from Dr. Kirkland to Mr. Lloyd.

House-Surgeon.—The house-surgeon does not get the fee. It was objected, we believe, at the time of the framing of the Act that the officers of public hospitals would, if paid on such occasions, be in the receipt of a large amount. Let our correspondent turn to Baker's Law of Coroners.

Dr. Bennett (Wilton, Salisbury) shall receive a private note.

IDIOPATHIC EPILEPSY.

To the Editor of THE LANCET.

SIR,—I beg to suggest to your correspondent, "A Country Surgeon," the following ideas in reference to his case of idiopathic epilepsy:—

1st. The patient appears to be suffering from disturbed electrical balance in the brain, dependent upon a frequent accumulation of poisonous excreta in the system. I also think that the epileptic attacks are simply the result of Nature's efforts to bring about a readjustment of the natural equilibrium, and are consequently to be looked upon, not as alarming symptoms, but as curative agents.

2ndly. As regards treatment:—

A. First, and most important, the patient, if single, must marry.

B. He must live entirely on those articles of diet that he finds by experience suit him. Most probably his stomach will prefer not much animal food in the solid form, as beef or mutton, but a sufficiency of beef-tea, milk, and butter—i. e., animal nourishment in the fluid form. He must avoid all things calculated to irritate or excite, such as alcoholic stimulants, pepper, mustard, sauces, pudding and pie-crust, coffee, or strong tea.

C. He must take plenty of exercise; but, of course, stop short of thoroughly fatiguing himself.

D. He must wash from head to foot daily. A shower-bath is very advisable.

E. He must keep his bowels gently open, preferring rather mild laxatives, such as ripe fruit, treacle, or brown bread, to irritating drugs.

F. He must keep his mind well occupied, must have his sleep out, must wear a straw hat, and keep his feet at all times warm.

I remain, Sir, yours, &c.,
June, 1869. JOHN B. GRAY, M.D.

To the Editor of THE LANCET.

SIR,—If "A Country Surgeon" would try the following with his patient, I think he will find the disagreeable odour will be checked, and also the fits will disappear. So soon as this odour begins to manifest itself, let him have a warm knee-bath at bed-time, with the following pill:—Subchloride of mercury, one grain and three-quarters; podophyllin, a quarter of a grain; colocynth powder, two grains and a half; extract of hyoscyamus, one grain; confection of roses, sufficient quantity: mix. And in the morning a draught of Seidlitz, Seltzer, Cheltenham, or Rochelle, at least two hours before breakfast. Let the diet be mild farinaceous for two days, and moderate in quantity. When the odour is again detected, one-half the above pill will be enough.

Should your correspondent feel disposed to give this plan a trial, will he kindly let us know the result in a month or two? It has been very satisfactory in my hands. Yours sincerely,
Fettercairn, May 29th, 1869. A. G. M'RAE, M.B., C.M.

To the Editor of THE LANCET.

SIR,—In answer to your correspondent, "A Country Surgeon," will you allow me to suggest that he might find it useful, before proceeding to treatment, to make a somewhat minute examination of the urine. This might furnish some useful guiding information, since, as in some cases of sudden paraplegia, the condition of the urine may furnish the key to the exciting cause. Yours truly,
EDWIN PAYNE, M.D.
Tavistock-crescent, Westbourne-park, June, 1869.

PLYMPTON BOARD OF GUARDIANS.

WE regret that we cannot congratulate Mr. King on his position in regard to the charge of neglect in the case of the man Thomas White. Pauper or not, this man was seen by Mr. King to be very ill, and should have had more attention than he received.

Dr. Robert Jackson shall receive a proof before publication.

TETANUS AND THE CALABAR BEAN.

THE power of the Calabar bean over tetanus is really one of the urgent questions in therapeutics. Seven cases more than those reported by Mr. Fraser in the *Practitioner* are reported and commented on by Dr. Chas. R. Greenleaf in the *Richmond and Louisville Medical Journal*. Though only three recovered, the cases fully bear out the great power of the medicine over the disease. In one of the cases the supply of extract ran out. In others the tincture was used, and the physiological effects were not produced. In a third, Mr. Mason's, reported in THE LANCET, a piece of hair-pin was found in the wound after death. The moral of Dr. Charles Greenleaf's paper is that the extract should be used, if necessary, hypodermically to the production of the physiological effects, and that copious nourishment should be given. It is shocking to think that any large or country town should be without a supply of this preparation, which acts so allopathically in tetanic states.

A Subscriber.—The case of ear disease described is not unusual in the character of the symptoms.

Thalassa.—We doubt whether the vessels in question take surgeons. Inquiry might be made at the office of any of the large shipowners.

TREATMENT OF ACUTE RHEUMATISM.

To the Editor of THE LANCET.

SIR,—I have read with some degree of interest Mr. Fleischmann's critical remarks on the treatment of acute rheumatism, published in your issue of May 1st, and I hoped that those remarks would have brought forth a reply from some pathologist much more able than myself.

Mr. Fleischmann insists upon a routine treatment of all cases of the disease, regardless of the age and constitution of the patient; and this he does, it appears to me, from a comparatively small experience. He writes in no concealed terms and with ill-merited contempt of the spoken opinions of Drs. Gull and Sutton in favour of assisting Nature by proper nursing, regimen, and diet, and is pleased to style their objections to needless and purposeless drugging as "infidelity." This seems an unpardonable liberty, an unjust and undeserved accusation. Where is their "unfaithfulness" to truth? Most medical men are disposed to take a more philosophic and more charitable view of the very rational scepticism of these experts. They are certainly not alone in their opinions. Their treatment of the malady is founded upon a larger experience and a wider basis of thought than that of Mr. Fleischmann's, who is apparently content to adopt, with something akin to an unreasoning compliance, an empirical practice. Drs. Gull and Sutton are well able, I imagine, to uphold the statements they have made, and on this point, I trust, they will come forward and make good their easily defensible position.

What is the essential nature of this wandering complaint? Do any of us know the origin of the disorder? I think not. Formerly and most generally all the effects were referred to a specific inflammation of the fibrous tissues; latterly it has been called a blood disease. Both appellations are, doubtless, right as far as they go; but in neither description are we informed as to the essential cause, thereby furnishing no true indication of what the treatment should be. The acid condition of the excretions shows that the blood has become impregnated with an acid poison, but from what source is not sufficiently evident; whether it is primarily formed in the circulating fluid itself, or whether from some interference with the digestive process in some part of the canal, has never been attempted to be shown. It may be that one or other of the visceral glands, whose secretion is necessary to complete digestion, has become seriously disturbed by alteration, either in excess or diminution, so that the chyle in an imperfectly formed state is carried through the chyliferous vessels into the larger circulation, to affect more or less all the textures of the body, but, particularly in this form of disease, the fibrous element.

I think we must look to a source of this kind for the proximate cause. That it is a systemic disease, having its beginning in some portion of the primæ viæ, can scarcely be doubted, seeing that attacks are preceded in most instances by some marked disorder of the stomach or other abdominal viscera, diminished or complete loss of appetite, nausea, and other dyspeptic symptoms.

The exciting cause is well known to be exposure to cold and damp; but these alone would be insufficient to produce the disease.

The predisposing cause will mostly be found to have been already in existence for a longer or shorter period.

In the all-important question of treatment, Mr. Fleischmann is disposed to be rather dogmatic, probably because he has adopted the prevailing practice of attacking one of the more prominent symptoms of the affection—the administration of alkalies to the complete saturation of the acids engendered in the system. This neutralisation of the acid excretion is, doubtless, a most useful expedient (as it is in some other ailments of no uncommon occurrence) in making the sufferer more comfortable so long as the effects last, and in thus giving ourselves time and opportunity to apply any other remedies that we may deem necessary for the further relief of our patient and cure of the disease; such as the use of local or general bleeding, blisters, colchicum, opium, even an occasional dose of calomel, and, that which is of more importance than all these remedies, a careful attention to a proper regimen as regards, nursing, dieting, &c. But to say that the treatment by alkalies touches the root of the disease, or assists in preventing the formation of the poisonous product, is what, I think, cannot for one moment be admitted. However useful it may be as an adjunct, it is certainly no specific for this malady. Mr. Fleischmann would surely not have us believe that the acid sweat is other than a symptom of the disease, a mere effect of the primary morbid condition. We know not in what way this proximate cause is produced; but we do know that if the subject of disorder possesses a vigorous constitution and otherwise unimpaired powers of life to sustain him, the *vis medicatrix naturæ*, under favouring and favourable circumstances, will be sufficient to place him on his legs again.

I remain, Sir, yours most obediently,

Amersham, May 24th, 1869. WILLIAM PROWSE.

A Surgeon, (Fenchurch-street.)—We are not aware of the existence of any institution of the kind. If the parents have no objection to that course, we would recommend them to make an appeal to the Poor-law Guardians, offering them some compensation.

Mr. Thomas H. Morton, (Brightside.)—The engraving shall be prepared, and the case inserted.

NAPOLEON I. A SANITARIAN.

THE interesting volumes of "Correspondence of the Emperor Napoleon," which are now being compiled from the Imperial archives, enable us fully to understand and appreciate the force of character and genius which raised him to the high eminence he attained, and sustained him under difficulties and misfortunes unparalleled. The last volume issued possesses a special interest for us, in that it presents the Emperor in the character of a sanitary reformer; one, too, of a type rather different from what we are familiar with in this country, where sanitary provisions are conveyed in the mild form of permission and acquiescence rather than of command. Driven from his throne, and confined to the small island of Elba, this great soldier and monarch vigorously set himself to improve the condition of his very limited sovereignty. Nothing seemed to be too minute to escape his observation. Establishing a new settlement at Pia Noss, we find him mindful of "the health officer," who was to have a house for himself and family. Hospital arrangements and the requirements of sanitary science he was most particular about; and the following decree may give some idea of the manner in which he would probably deal, were he now living and reigning in this country, with the various "sewage problems" of our time:—

"Every house proprietor must, within two months, construct latrines. These will be emptied and their contents carried away at night, so as not to cause annoyance to the public walks. Every house proprietor must pay a tax for this, which will be called the Cleanliness Rate. This tax will be doubled for those who shall not have constructed latrines within three months."

Such an edict as this would rather astonish our local authorities."

Mr. George Cooper, (Chippenham.)—Let our correspondent apply to the Secretary of the Institution of Surveyors, before which the paper was read.

ON ACUPRESSURE.

To the Editor of THE LANCET.

SIR,—In reply to your correspondent's suggestions in your impression of to-day, I have pleasure in referring him to the columns of the *Medical Times and Gazette* for 1865 and 1866, where he will find some of my experiments detailed, and the conclusions derived from them given at length. In my last letter I expressed a strong opinion of the worthlessness of experiments in deciding the questions at issue, and therefore I shall publish no more of them.

I have not used torsion on any large arteries, for the reason that it failed when applied to some of small size, and the number of these instances is not more than a dozen.

I so thoroughly agree with your correspondent that the question is one of fact, that I am patiently collecting facts from clinical experience, and these I shall publish in your columns if you will allow me, and will narrate the facts only, without comment, so that each reader may make his own conclusions therefrom.

I think that I gave sufficient evidence in my last letter that my preparations were at the service of observers. Yours, &c.,

Wakefield, May 29th, 1869. LAWSON TAIT.

The Anti-Compulsory Vaccination League.—We have neither space nor inclination to refute the nonsense of Mr. Gibbs. The liberty to have small-pox might be willingly conceded to some people—for example, Mr. Gibbs,—if it did not involve the risk of other people. By all means let every care be taken that proper lymph only is used; but to compare the risk of compulsory vaccination, even negligently done, to the risk of a public neglect of vaccination, could only occur to a person on whom argument would be thrown away.

A Surgeon and Twenty Years' Subscriber.—There is, unfortunately, no efficient way of dealing with such cases.

DR. LETHEBY AND THE WATER COMPANIES.

To the Editor of THE LANCET.

SIR,—At the last meeting of the Metropolitan Association of Medical Officers of Health, when my paper on Water Analysis was discussed, I was asked if I had any connexion with the Water Companies of London; and I should esteem it a favour if you would permit me to state through your journal, in a very positive and unqualified manner, that there is no ground whatever for such a supposition, as I am not connected with any of the Companies in the remotest degree. I wish further to add that the same denial will be found in my evidence before the Royal Commission on Water Supply, which, I am informed, is ready for presentation to Parliament.

Yours truly,

London Hospital, May 31st, 1869. HY. LETHEBY.

Ongar Union.—The relieving officer is bound to send a written order for the attendance of the district medical officer upon a pauper. Unless the verbal order be delivered by the relieving officer in person, or by a recognised servant of the guardians, the attendance of the surgeon must be entirely optional.

Mr. P. Adams.—The notes of the case shall be inserted.

CUBIC SPACE.

To the Editor of THE LANCET.

SIR,—I shall be much obliged if you or any of your readers will inform me in your next number what is the minimum amount of cubic space of air that ought to be allowed for every adult in cottage bedrooms—1st, in those without a fireplace; 2nd, in those that have proper ventilation.

I am, Sir, yours obediently,

June 2nd, 1869. MEDICAL OFFICER.

*** The quantity of space allowed in a bedroom should be not less than 800 cubic feet per adult, and 200 feet per child under twelve years. Bedrooms should *never* be built without fireplaces, unless there are special means of ventilation.

THE GLYNCORRWG COLLIERY AND ITS MEDICAL MAN.

We have received a second communication from *Mr. W. D. Moore*, asking us to make known to the profession the treatment he has received from the people of this colliery, in order that whoever succeeds him as medical officer may obtain such guarantees as to amount of salary and proper notice of removal as may save him from the annoyance to which Mr. Moore has been exposed. He states that he has just received notice, signed by four of the colliers, that his services would not be required after twenty-eight days from that date; but this he intends to disregard, insisting upon a three months' notice. Mr. Moore concludes by reiterating that "no medical man will be safe in holding the appointment unless he has a letter from the secretary or manager guaranteeing the salary stated in the advertisement." The Glyncorrwg Colliery does not appear to offer a comfortable prospect for a professional man, judging from Mr. Moore's description of it.

A Working Man.—We do not believe the men are what they represent themselves to be, and if our correspondent will take our advice he will carefully avoid consulting them. Let him apply to some respectable practitioner in his neighbourhood.

W. L.—Of course vaccination is the "exciting cause" of certain diseases; but it is a question still *sub judice* whether anything more than this occurs.

IN-GROWING TOE-NAILS.

To the Editor of THE LANCET.

SIR,—Of the various methods of treating the painful affection of in-growing toe-nails, I would mention one well worthy of notice, having been most successfully employed for many years by the late Mr. James, of Exeter. Its easy and almost painless application may make it of great interest to many of your readers.

The foot is soaked in warm water, so as to soften as much as possible the nail and hardened skin. The angle of the nail is then raised by a strong pair of forceps, and a thin piece of lint is passed smoothly beneath it; this is best accomplished by the aid of a common goose-quill cut into the shape of a spatula, and flattened, which, being thin and pliable, is more easily used than a probe. The lint taking off the pressure and irritating edge of the nail, instant relief is afforded, and the toe soon heals. The granulations, being treated by the application of the nitrate of silver, readily assume a healthy appearance, the injurious pressure of the nail having been removed.

I have used this treatment in several cases, after other remedies have failed, with the happiest results.

I am, Sir, your obedient servant,

WYKEHAM H. LYDALL.

Caroline-place, Mecklenburgh-square, June 1st, 1869.

THE SOUL *versus* THE BODY.

ACCORDING to the *Pall Mall Gazette*, Monsignor Carletti, President of the Sagra Consulta, has, by order of the Pope, sent a circular to all physicians practising in Rome, requiring them, on pain of excommunication, to discontinue their attendance on patients dangerously ill who shall refuse to confess their sins and receive extreme unction. Three days are allowed after the physicians are called in. A fine ethical point will arise as to whether the duty of the physician to his patient or that to the Pope is greater, to say nothing of the most urgent religious duty of visiting and, if possible, healing the sick. Perhaps the kindest supposition is that our contemporary is misinformed. Now, when Christians are all trying to think respectfully of each other, it is to be hoped that the Pope—who, according to all accounts, is a kind man—has done nothing so foolish and so unworthy as this.

THE letters of *Dr. Gaylor* and *Dr. Worlomont*, Director of the National Vaccination Institute of Brussels, on "Direct Vaccination from the Heifer," shall appear in our next impression.

THE NEW SYDENHAM SOCIETY.

To the Editor of THE LANCET.

SIR,—It will be the office of your reviewer to speak of the value of the last book issued by the Society, the second volume of Trousseau. I will not in any way anticipate his criticism. But it is a pleasure to be able to say, from careful reading of the larger part of the volume, that the English editor has done his work extremely well. There are very few untranslated idioms, and French measures are rendered into English equivalents. The inaccuracies of the press are below the average. I do not doubt that so painstaking an editor will be most willing to correct the errors which have escaped his eye, and will not be ashamed to acknowledge them to his readers. Should he desire to furnish a list of errata, I do not doubt that many readers will be pleased to aid him. He will, of course, be the final judge respecting their suggestions; and the next volume issued by the Society may be as suitable a means of communicating the list as the third volume of the work, which may possibly be deferred to another year.

I am, Sir, yours respectfully,

May 31st, 1869. B. H. C.

A Regular Subscriber, as a former assistant in two situations, where he was called upon to attend pauper patients, writes to say that his allowance of drugs was salts, magnesia, peppermint, quassia, chalk, and laudanum; and he further states that he now suffers from competition with parish midwifery, a dispensary with four officers, and an hospital, the students of which attend midwifery and out-door patients for nothing. Spite of these difficulties, our correspondent does not seem to be unsuccessful; and as we have so often advocated the importance of the guardians finding drugs, we must now be content with expressing our conviction that the limitation he describes is by no means common, and that the majority of district medical officers prescribe and dispense for the poor in the way they would for their private patients.

Scotus.—The paper shall appear in an early number.

AMATEUR PRESCRIBERS.

THE column headed "To Correspondents" in newspapers often contains announcements which, if curious, are, at any rate, generally harmless in character. Here is one, however, inculcating a somewhat "heroic" practice, which, if prescribed by a medical man, might have the effect of putting him in an awkward position before a Coroner's Court. It is taken from a cheap weekly newspaper, which enjoys wide circulation among certain classes of the community:—

"H. R. L.—Take from five to ten drops of hydrocyanic acid in a tablespoonful of water every two hours for a day or two. Should you find no relief, write us again, and we will give you a recipe of a more powerful nature."

It is just possible that the relief from this and every other ailment was found; if not, there can be no doubt that the promised recipe of a *more powerful nature*, if employed, must have speedily procured it.

Question.—Our correspondent is quite justified in charging the guardians the usual extra fee of £2. Art. 183 of the General Consolidated Orders says: "That in any special case in which great difficulty may have occurred in the delivery, or long subsequent attendance in respect of some powerful malady or affection may have been requisite, any district medical officer shall receive the sum of two pounds." The Commissioners have already decided that where delivery of the child has taken place, but the placenta was retained, the umbilical cord having been broken, the case came within Art. 183. Our correspondent's case was a much more serious one even than this.

A QUERY.

To the Editor of THE LANCET.

EXTRACT FROM CIRCULAR.

"CONVALESCENT HOME FOR THE POOR CHILDREN OF ——.

"SIR,—It is proposed to establish a Convalescent Home in —— for the poor children of ——. The Rev. ——, Vicar of ——; ——, Esq., Surgeon (*who has promised to visit the Home professionally*); ——, Esq.; ——, Esq.; ——, Esq.; and others have kindly promised their assistance."

Query. Is this oblique professional advertising? Is it in accordance with the principles so long advocated by THE LANCET with regard to gratuitous medical services?

Yours, &c.,

June, 1869. A SUBSCRIBER TO THE LANCET OF TWENTY-SEVEN YEARS' STANDING.

PAUPER ORPHANS.

THE Poor-law Board, having sanctioned the boarding out of pauper orphans and deserted children in the Chorlton Union, have expressed their desire that the system should have a fair trial. The Board are of opinion that double vigilance will be necessary in suburban districts, and that experience can alone decide whether the great difficulties and evils which surround the placing out of orphan children can be successfully overcome. Why should not a parallel experiment be made in London? It would, if successful, obviate the necessity of further expenditure for school buildings, and would prevent the sanitary evils inseparable from those unnatural institutions.

COMMUNICATIONS, LETTERS, &c., have been received from—Professor Syme; Dr. Letheby; Dr. Gill; Mr. Ball, Bristol; Mr. Weller; Mr. Hyde, Witney; Mr. Mathews; Mr. Thomas; Mr. T. H. Morton, Brightside; Mr. Maclean; Dr. Bennett, Wilton; Mr. Keane; Mr. Jeanes, Tharso; Dr. Gordon, Pentre; Mr. Dean; Dr. Norris, South Petherton; Mr. Moore, Neath; Mr. Brown, Lanark; Dr. Chesterman, Banbury; Dr. Walsh, Buttevant; Dr. M'Rae; Mr. Keene; Mr. Maurice; Mr. Treves; Mr. Kidd; Dr. Pullar; Mr. Brown, Haverfordwest; Dr. Elam; Mr. Taylor, Bocking; Mr. Yonng; Dr. Medd; M. T. de Valcourt, Cannes; Mr. Russell; Mr. Turner; Mr. Buller, St. Ives; Dr. Tessier; Dr. Bradbury; Mr. Sanger, Alfriston; Dr. Pont, Yalding; Mr. Holt; Dr. Dow, Dunfermline; Mr. Brunton, Godalming; Mr. James, Ilfracombe; Mr. Jonson; Mr. W. P. Adams, Hammersmith; Mr. Thurgar, Everton; Mr. Green; Mr. Davies; Mr. Welch; Mr. Farr, Gainsborough; Mr. Hughes; Mr. R. Maclaren, Balloch; Mr. Donaldson; Mr. Richardson; Dr. Cremer, Pesth; Mr. Ogden; Mr. Fox; Mr. Wilby, Bowden; Dr. Knox, Bantry; Mr. Whiteman; Mr. Thorp, Sunderland; Mr. Heeps, Tarporley; Rev. N. Stephenson, Bromyard; Mr. Croft, Snitterfield; Mr. T. Hopgood, Guildford; Mr. Altern; Mr. Baker, Hastings; Dr. Robinson, Dulverton; Dr. Palmer, Dublin; Mr. Kirton, Spalding; Mr. Leggatt; Mr. R. Waller; Mr. Salt, Birmingham; Mr. Watts, Poona; Dr. Payne; Mr. Healy, Birr; Dr. Evans, Narberth; Mr. Tait, Wakefield; Mr. R. Page; Mr. G. Cooper, Chippenham; Dr. Rose, Kidderminster; Mr. Fuller; Mr. Cribb; R. B.; The President of the Royal College of Physicians; A Parish Doctor; R. H. C.; Ethnological Society of London; A Working Man; W. D. M.; Question; The Secretary of the National Cottage Hospital; A Subscriber; H. A.; Medical Officer; A Physician; T. K.; Medicus; Hirsutus; W. W.; A Public Vaccinator; J. M.; J. A. H.; A. G., Sandbach; Medicus; M.D.; W. L.; Scotus; G. W. C.; Sutherlandshire; J. J., Bristol; A Surgeon; The Secretary of the Plymouth Dispensary; One who does not Advertise; House-Surgeon; Anthropological Society of London; &c. &c.

Carmarthen Weekly Reporter, Brighton Examiner, Scarborough Gazette, Journal of the Society of Arts, Middlesex County Times, Cosmopolitan, Brighton Gazette, Western Daily Mercury, Revue des Cours Scientifiques, Parochial Critic, Monthly Homœopathic Review, Brighton Daily News, Archives Générales de Médecine, Brighton Herald, Marylebone Mercury, Midland Counties Herald, Western Morning News, Belfast News-Letter, Lincolnshire Chronicle, Brighton Guardian, Liverpool Albion, Broad Arrow, Scientific Opinion, Haverfordwest Telegraph, Swindon Advertiser, Kidderminster Times, Glasgow Herald, and *Brighton Observer* have been received.